

Zombie Chase 5k Official Entry Form

Participant Name: _____ DOB: _____

Address: _____
Street Address City State Zip Code

Contact Phone: _____

Email Address: _____

NOTE: all event information will be sent to this email account. PLEASE PRINT NEATLY!

Participation Fee: ZOMBIE CHASE 5K - \$35.00
(on-site registration = \$40.00)

You will be assigned a specific time to run. The event will be divided into multiple starting times. Event starting times will be sent via the email address listed above near the end of May.

Please, make all checks payable to: "Plymouth Music Department"

All mailed entries must be postmarked by Friday, May 23rd to guarantee arrival prior to the event! Any entry not received in the mail prior to the race will not be valid - any runner whose entry form is not received will be expected to pay on-site registration. Please, return this document (along with the required Waiver/Liability Form) to the following address:

**Bryan Ames
Zombie Chase 5K
Plymouth Community High School
#1 Big Red Drive
Plymouth, IN 46563**

Office use only - do not fill out anything below this line.

Zombie Chase Runner ID #

Payment Form - CK #