



THE PERMISSION TO START DREAMING FOUNDATION

RACE FOR A SOLDIER™

HALF MARATHON 5K RUN/WALK & VIRTUAL RUN*

PLEASE PRINT CLEARLY or simply *FILL IN* and save the form below for mailing

First: _____ Last: _____

*If you can't make it to Gig Harbor on Sept. 24

Address: _____

2017 REGISTRATION



City: _____ State: _____ Zip: _____

Birth Date: _____ Male/Female: _____ Race Number: _____
(officials only)

Phone: _____

Email: _____

SHIRT SIZE *Adult:* XS S M L XL 2XL
(CIRCLE ONE) *Youth:* S M L

PLEASE CIRCLE THE AMOUNT	HALF MARATHON				5K RUN/WALK					VIRTUAL
	CIVILIAN		ACTIVE MILITARY and VETS*		CIVILIAN			ACTIVE MILITARY and VETS*		If you can't make it to Gig Harbor on September 24 Individual
	Indiv.	Corp. Team**	Indiv.	Team**	Age 13 & Over	Age 12 & Under	Corp. Team**	Indiv.	Team*	
Jan 1 – April 30	\$50	\$35 ea.	\$40	\$30 ea.	\$20	\$10	\$15 ea.	\$15	\$10 ea.	\$50
May 1 – July 30	\$70	\$60 ea.	\$60	\$50 ea.	\$30	\$20	\$25 ea.	\$25	\$20 ea.	\$50
July 31 – Sept. 23	\$90	\$75 ea.	\$70	\$60 ea.	\$40	\$25	\$35 ea.	\$35	\$30 ea.	\$50
Race Day: Sept. 24	\$110	\$95 ea.	\$80	\$70 ea.	\$50	\$25	\$45 ea.	\$45	\$40 ea.	\$50

*Military = active, retired, reserves, guard and dependents only

**Min 5 members; price is per person. If registering as a Military or Company team member, indicate the TEAM name here:

_____ (PLEASE PRINT)

Additional Donation: \$ _____

Total Paid: \$ _____

Please consider making an additional donation to the cause.

(Payable to: PTSD Foundation - Race for a Soldier)

I warrant that I am physically able to participate in this event and have done proper training. In consideration of my entry for myself, my debtors, administrators and assignees, I do hereby release and discharge any rights and claims against Route 16 Running and Walking, Permission To Start Dreaming Foundation, Race for a Soldier, Pierce County, City of Gig Harbor, YMCA, Canterwood, USA Track and Field, Road Runners Club of America, and any other individuals or groups involved with the running of this event for any or all injuries suffered by me at this event or while traveling to and from the event. I also understand that in the event that Race For A Soldier cannot be held as scheduled due to an act of God or other circumstances, I am not entitled to a refund of any money paid by me to participate. I also hereby consent to permit and accept responsibility for emergency treatment in the event of injury or illness. I further grant full permission to Permission To Start Dreaming Foundation or any other person or entity authorized by it to use my name, age, birth date, city, finish place, photo and finish time in the public domain and to contact me by email or U.S. mail regarding Permission To Start Dreaming Foundation. The Permission To Start Dreaming Foundation is a public, 501(c)(3), nonprofit organization. Our tax id# is 27-5251886. The cost of your entry fee minus \$15 for your shirt and race goodies is a tax-deductible donation. This entry form serves as your receipt. Please make a copy for your tax records. *Thank you for supporting our mission, our troops and their families!*

Primary Signature: _____ Date: _____

Parent Signature (if under 18yrs): _____ Date: _____

Mail to: 3110 Judson St., PMB 144, Gig Harbor, WA 98335 | 253-851-2226

www.RaceForASoldier.org