In order to get t-shirts registrations & payments are due prior to 8/15/19



Mail registration form to CRHC
Attn: Jake Burgess
220 Essie Davison Drive
Clarinda, Iowa 51632
or drop off at the hospital



Thursday, August 29th @ 6pm

Preregistration will be from 5-5:45pm

@ The corner of S. 13th Street &
 E. Main Street by the Bus Barn in Clarinda
 1 MILE or 2 MILE OPTION

All proceeds will benefit the Junior Cardinal Backpack Program for food insecure children in the Page County area

Back To School Dash Registration Form

Name(s) of Partici	pant(s):		
City:	State:	Phone #	
Race Choice:	1 Mile Walk/Run	2 Mile Walk/Run	
T-Shirt Size Youth:XS(4)S(6-8)M(10-12) _	_L(14-16)XL(18-20)	Clarinda Regional Health Center
Adult: _XS	SMLXL2XL	_3XL _4XL	
Individual Entry Fe	e: \$20.00 OR Families (3+ r	nousehold members): \$40.00	Amount Enclosed:\$
claims for damages I may h assigns for any and all injurie other form or aggravation ir	ave against sponsors, coordinating groes suffered by me in connection with son connection with said event. I also gi	oups, and any individuals associated valid event. Also, none of the above over my permission for the free use of the second seco	ors and administrators, waive any and all rights and with the event, their representatives, successors and are responsible for the loss of personal items nor any my name and picture in any broadcast, telecast or tand my own liability and do accept the restrictions.
Signature		Do	ate
If under 18, Signat	ure of parent or guardiar	1	