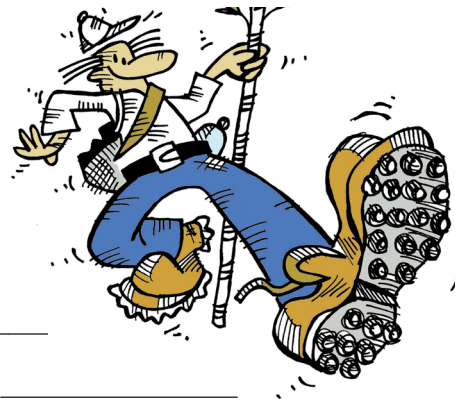


CITY of TRAILS 5K

REGISTRATION FORM JUNE 5, 2010



NAME _____

MALE FEMALE AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

Check one: 5K RUN/WALK 10K ROCK 'N RIVER TRAIL RUN
 KIDS' 1K BABY MAMMOTH LIL' HIKER HUSTLE

TEAM NAME _____

WAIVER: I assume all risks and waive all claims and liabilities arising from my participation in this event. I agree to pay any medical and rescue expenses I may incur. I AGREE I DO NOT AGREE

PayPal - Amount: \$ _____ OR MAIL REGISTRATION TO: ATTN: CITY OF TRAILS 5K
710 Hwy 35 South
St. Croix Falls, WI 54024