

SCHEDULE OF EVENTS 2/2/19

- 9:00-11AM PANCAKE BREAKFAST (CAFETERIA)
- 10:00AM COLOR RUN & CANCER WALK!
- 10:00-12PM FOOD CARNIVAL, LIVE MUSIC, VENDOR BOOTHS, CARNIVAL GAMES, DODGEBALL TOURNEY, DANCE CREW PERFORMS



Mail Registration Form to:

Covina High School
C/O Colt Day CANCER WALK
463 S. Hollenbeck Ave.
Covina, CA 91723

Note:

Mail in Registrations must be RECEIVED no later than January 16th, 2019

JOIN US FOR OUR COLOR RUN & CANCER WALK

BOTH beginning in the QUAD at Covina High School

All ADULTS & STUDENTS \$20 AND CHILDREN = \$15

www.covinahigh.net

***one registration form per person participating in the RUN/WALK
Colt Day COLOR RUN/CANCER WALK
Registration Form 2/2/19**

Last Name

First Name

Street Address

City

State

Zip Code

Cell Phone #

Age on 2/2/19

Birthdate

___ Male ___ Female

Email Address

Shirt Size

Waiver In consideration of acceptance of my entry, I for myself, (and my family members on a family team), executors, administrators and assignees do hereby release and discharge the Colt Day Cancer Walk and any affiliated individuals, Covina High School and its employees, Covina-Valley Unified School District and its employees, and all other sponsors and associates for claims of damages, demands, actions whatsoever, in any manner arising or growing out of my/ (and my family's) participation in said athletic event. Further, I hereby grant full permission to any of the foregoing to use any photographs, videotapes, motion picture recording or any other record of this event. I attest and verify that I have full knowledge of the risks involved in this event and I am/(and my family members are) physically fit and sufficiently trained to participate in this event.

Participant's Signature _____ Date _____

ALL PARTICIPANTS MUST SIGN -- PARENT'S SIGNATURE ALSO IF UNDER 18 YEARS OLD

Parent's Signature _____ Date _____

ALL PARTICIPANTS MUST SIGN -- PARENT'S SIGNATURE ALSO IF UNDER 18 YEARS OLD

Fees:

ADULT/STUDENT (\$20):
\$ _____

CHILD (\$15):
\$ _____

DONATION TO CANCER WALK:
\$ _____

TOTAL:
\$ _____

**Please make check payable to:
Covina High School**

For Colt Day Staff
Use Only:

Payment Received
On: _____

Cash: _____

Check: _____

Check #: _____