



**Kroll's Diner
Bismarck Marathon**
7:30 a.m.
Saturday, Sept. 18, 2010

Entry Form

CHOOSE AN EVENT:

- Full Marathon 5K Walk
- Half Marathon 5K Run
- Marathon Relay

FIRST NAME: _____

LAST NAME: _____

BIRTHDATE: ___/___/___ **GENDER:** Male/Female

ADDRESS: _____

CITY: _____

STATE / ZIP: _____

EMAIL: _____

PHONE#: () _____

SHIRT SIZE: S M L XL

I am entering this event at my own risk and assume all responsibility for injuries I may incur as a direct or indirect result of my participation. I hereby, or myself, my heirs, executors and administrators, waive the release of any and all rights and claims for damages or injuries I may have against the Kroll's Diner Bismarck Marathon and its affiliates, their agents, representatives, directors, successors, and assigns. I attest that I am in adequate health for this event and understand that I may be removed from the race if my health is endangered or I do not follow the rules of the event. I also give permission for the free use of my name and or picture in a photograph, broadcast or other account of this event.

_____/_____/_____
Signature: (Parent/Guardian if under 18) Date

Entry Fees by mail:

- **5K Walk / Run**
\$25 thru May 31, 2010
\$30 June 1 - 30, 2010
\$35 July 1 - 31, 2010
\$40 Aug. 1 - 31, 2010
\$45 Sept. 1- 6, 2010
- **Marathon / Half Marathon**
\$55 thru May 31, 2010
\$60 June 1 - 30, 2010
\$65 July 1 - 31, 2010
\$70 Aug. 1 - 31, 2010
\$75 Sept. 1- 6, 2010
- **Marathon RELAY**
\$170 thru May 31, 2010
\$180 June 1 - 30, 2010
\$190 July 1 - 31, 2010
\$200 Aug. 1 - 31, 2010
\$210 Sept. 1- 6, 2010

Make checks payable to:

Bismarck Marathon

Return completed Entry Form and fee to:

Bismarck Marathon
PO Box 7023
Bismarck, ND 58507-7023

Must be postmarked by Monday, Sept. 6, 2010.

Marathon Relay Registration

Team Captain: **** Please complete entry form on left also.
** All team members MUST sign this form!**

Team Name: _____

- Race Category:** Male
 Female
 Coed
 Masters (All runners age 40 or greater)
 Corporate (All from same organization)

Leg #1 - 5.2 miles

Name: _____

Gender: M/F **Birthdate:** ___/___/___ **Shirt size:** S M L XL

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Signature: _____

Leg #2 - 6.2 miles

Name: _____

Gender: M/F **Birthdate:** ___/___/___ **Shirt size:** S M L XL

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Signature: _____

Leg #3 - 6.3 miles

Name: _____

Gender: M/F **Birthdate:** ___/___/___ **Shirt size:** S M L XL

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Signature: _____

Leg #4 - 4 miles

Name: _____

Gender: M/F **Birthdate:** ___/___/___ **Shirt size:** S M L XL

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Signature: _____

Leg #5 - 4.5 miles

Name: _____

Gender: M/F **Birthdate:** ___/___/___ **Shirt size:** S M L XL

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Signature: _____