

Camden Area Chamber of Commerce

2020 DAFFODIL FESTIVAL 5K RUN/WALK

Date & Time:

Saturday, March 14th, 7:30 A.M.
Day of Race Registration: 6:45–7:15am

- ◆ **Top Male & Female Overall, Runners & Walkers**
- ◆ **Top 3 Runners, Male & Female, Each age division**

Entry Fee:

Thru March 6th: \$20.00
 (includes one t-shirt *in your size choice*)
After March 6th: \$25.00 (includes your choice of one t-shirt from those available AS-AXL)
Day of Race: \$25.00, 6:45–7:15 am

Packet Pick-Up:

Day before race at the Chamber office/ Camden Visitors Center before 3:00 p.m.
Day of race at 6:45 a.m. at The Shine Shop, 991 W. Washington, across from Four Seasons. Additional parking at Aerocare, 987 W. Washington

Awards:

◆ **Top 3 Walkers, Male & Female, Each age division**

◆ **Top Student, Male & Female***
Track students can run free when coaches sign them up. Optional 5K t-shirts are \$12.00



Mail Entries to:

Camden Area Chamber of Commerce
 2020 Daffodil Festival 5K Run/Walk
 P.O. Box 99, Camden, AR 71711
Please make checks payable to:
 Camden Area Chamber of Commerce 5K
Phone: 870.836.6426 **Fax:** 870.836.6400
Email: info@CamdenAreaChamberofCommerce.org

All 5K Walkers will start @ 7:30 am
All 5K Runners will start @ 8:00 am

- Age Divisions:**
- 14 and Under Male & Female
 - 15 – 19 Male & Female
 - 20 – 29 Male & Female
 - 30 – 39 Male & Female
 - 40 – 49 Male & Female
 - 50 – 59 Male & Female
 - 60 and Over Male & Female

VISIT
CamdenDaffodilFestival.com
 for Festival info. There is much to do and see both days!

Please print clearly! Thank you!

5K Run **5K Walk** **Spirit Walker/Runner*** **Age on 03/06/2020**

*Shirt pick up at race or Chamber

Last Name: _____ **First:** _____ **MI** _____

Email address: _____ **Gender:** M F **Date of Birth:** ____/____/____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Best Phone #: _____ **Number♦ T-Shirts Desired:** _____
♦One shirt included with entry fee; otherwise, \$12 youth thru XL; \$15 2X & 3X. *These sizes available only if ordered & paid for by March 3rd^h

How did you hear about our 5K? (Please be specific.) _____

Release: I know running, walking and volunteering to work in club races are potentially hazardous activities. I should not enter and participate in this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running, walking and volunteering to work in club races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Camden Area Chamber of Commerce, Race Chairman, City of Camden, County of Ouachita, Volunteers, & all sponsors, their representatives & successors from all claims or liabilities of any kind arising out of my participation in the race and/or club activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use

any photographs, motion pictures, recordings, posting of participants & race times, or any other record of this event for any legitimate purpose.

Race Fee: _____
No. of Extra T-shirts x \$12: _____
x \$15: _____
Total: _____

Signature: _____ **Date:** _____
Parent's Signature if under 18 years: _____ **Date:** _____

Amount Paid: _____
 \$ CK # _____

(Please do not mark form below the dotted line. Thank you!)

Date Payment received ____/____/20 **DB**

TRACK STUDENT **FEMALE** **MALE** _____ **Age Division**

Race Number
RW