



CheeseTown CHALLENGE

Pinconning-Linwood Chamber of Commerce
PO Box 856
Pinconning, MI 48650-0856

2 Mile Walk/Run
5 Mile Run
Iron Cheese
Little Meeces Race

www.cheesetownraces.com

CheeseTown CHALLENGE '20 – June 20, 2020 – Race Registration

On-line registration available at www.cheesetownraces.com

Form may be photocopied. One entry per person. Entry fees are non-refundable. **Do not mail after June 1, 2020.**

Make checks payable to: Pinconning-Linwood Chamber of Commerce, PO Box 856., Pinconning, MI 48650-0856

Contact Info: Website: www.cheesetownraces.com; Email: cheesetownrace@gmail.com

Check Event AND Shirt Preference	Postmarked by June 1, 2020	Late Registration/Day of Race
<input type="checkbox"/> 5 Mile Run	<input type="checkbox"/> \$25 with shirt <input type="checkbox"/> \$20 NO SHIRT	<input type="checkbox"/> \$30 with shirt (<i>limited quantities</i>) <input type="checkbox"/> \$25 NO SHIRT
<input type="checkbox"/> 2 Mile Run/Walk	<input type="checkbox"/> \$25 with shirt <input type="checkbox"/> \$20 NO SHIRT	<input type="checkbox"/> \$30 with shirt (<i>limited quantities</i>) <input type="checkbox"/> \$25 NO SHIRT
<input type="checkbox"/> Iron Cheese 5 Mile & 2 Mile Run	<input type="checkbox"/> \$35 with shirt <input type="checkbox"/> \$30 NO SHIRT	<input type="checkbox"/> \$40 with shirt (<i>limited quantities</i>) <input type="checkbox"/> \$35 NO SHIRT
<input type="checkbox"/> Little Meeces	<input type="checkbox"/> \$10 with shirt <input type="checkbox"/> FREE NO SHIRT	<input type="checkbox"/> \$10 with shirt <input type="checkbox"/> \$5 NO SHIRT

Last Name: _____ First Name: _____ Sex: M F

Birthdate: ____/____/____ Age (on race day): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Email: _____

Shirt Sizing (optional): ____ Youth 2-4 ____ Youth 6-8 ____ Youth 10-12 ____ Adult S ____ Adult M ____ Adult L ____ Adult XL
 ____ Adult XXL (+\$2.50)

Please accept my entry in the 2020 CheeseTown Challenge Races. I should not enter unless I am medically able and properly trained. I wave any rights I may have against the CheeseTown Challenge Race Officials and Sponsors for damages or injuries occasioned by my participation in the CheeseTown Challenge Races. I authorize CheeseTown Challenge Race Officials to utilize my photographs and video-tape of my participation in the CheeseTown Challenge Races for any and all purposes.

Signature (Parent if Under 18): _____