



**Borger Youth Advisory Council Presents:**

3<sup>rd</sup> Annual "Light Up The Sky Against Hunger"

5K Glow in the Dark Fun Run/ Walk/ or Ride

To Benefit Borger's Opportunities Inc.

**OPPORTUNITIES  
INC.**

Registration Form

**Friday March 11, 2016**

Sign In/ Late Registration begins at 6:00 p.m. in the City Hall parking lot. There will also be a pre-run party, where everyone can get "glowing" for the run. The course for the run will begin at the cross walk between the Chamber of Commerce and the Hutchinson County Museum. Participants will travel north to 9<sup>th</sup> street, turn left on to 9<sup>th</sup>, then turn left on to Deahl St., travel down Deahl St., turn left on 4<sup>th</sup> St., then turn left on to Main St., and travel north down Main St. back to the starting line.

The course is three laps.

\*\*\*Participants who register before February 20, 2016 will receive a free event t-shirt. Those who register after February 20, 2016 will not be guaranteed an event t-shirt. **Register Early!!**\*\*\*

Shirt sizes: youth: s, m, l. Adult: S, M, L, XL, 2X, 3X, 4X.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M or F \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Email: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Number ( \_\_\_\_\_ ) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Payment: Check# \_\_\_\_\_ Cash \_\_\_\_\_ \$25.00 per person

If paying by check, make checks payable to BYAC, include your date of birth, current phone number, and your driver's license number. Returned checks will incur a \$35 fee and your registration will be void until the payment and the fee are paid.

**Please Read and Sign**

In consideration of the acceptance of the entry, I for myself, my heirs, and assigns, hereby release the City of Borger, Borger Youth Advisory Council, Sponsors, Race Workers, and Officials of this race from any and all liability arising from the illness and damages I may suffer as a result from participation in such event. I attest that I am physically fit and have sufficiently trained for this event and am aware that participation in any of these events could, in some circumstances, result in severe physical soreness or injury. I understand the entry fee I pay is NON-REFUNDABLE. Should race officials feel that completion of the event would be injurious to my health, I consent to be removed from the course and treated.

Signature of Participant or Guardian of minor \_\_\_\_\_ Date \_\_\_\_\_