## 14<sup>th</sup> Annual Running of the Trolls Registration Form

## Please return by June 1, 2017

Last Name	e							
First Nam	e							_
Age								
Address _								_
City/State	/Zip							
Phone								
Would you	ı like an en	nail confirm	ation?	Yes	No	)		
Have you ]	participate	d in Runnin	g of the Trol	ls befor	e? Ye	s No	)	
Your gend	l <b>er:</b> Male	Female						
<b>Event:</b>	Walk	Run						
Distance:	1.5mile	3.0 mile	5.75 mile (r	un only)				
Choose pa	ckage opti	on:						
Option #1:	\$25.00 with	T-shirt	Shirt size:	Small	Medium	Large	XL	XXI
-or-								
Option #2:	\$25.00 with	weekend adm	nission to the f	estival _				
discharge any an County Fairboar directors, emplo participation in assume those ris	nd all rights, claird, Clatsop Coun byees and agents this event. I atte sks, that I will as	entry, I, myself, m ms or damages aga ty, and any particip of such parties for st and verify that I sume and pay my c ally fit and sufficien	inst Scandinavian loating sponsors, mu any and all injuries have full knowledg own medical expens	MidSumme unicipalities in any ma e of the risl ses in the e	er Festival Ass s, and any and nner arising o ks involved in vent of an acc	sociation, d all partion or resulting this even	Clatso cipatin g from t, that	p ig i my I
Signature					Date			_
Signature of leg	al guardian if un	der 18		Г	)ate			

Make checks payable to **S.M.F.A.** and mail with completed registration to: **Running** of the Trolls, P.O. Box 34, Astoria, OR 97103