

COLT DAY

5k

Family Run & Cancer Walk



Covina High Presents our 3rd Annual Colt Day
This community event begins with a 5k Run/Walk starting and finishing in our parking lot with food, live music, games, and much more!

Saturday
2/11/17



SCHEDULE OF EVENTS

8:00am	Race/Walk Registration & Check In Begins (Rowland & Hollenbeck Lot)
8:00am-10am	PANCAKE BREAKFAST (Main Parking Lot)
9:00am	5K Race Begins
10:00am	5K Cancer Walk & Family Run
10:00am-1pm	Food, Carnival, Live Music, Heath Fair, & Vendor Booths
11:00am	Cow Chip Bingo
1:00pm	Event Ends

TO REGISTER FOR THE CANCER WALK/FAMILY RUN VISIT
www.covinahigh.net or www.covinatrack.com

SCHEDULE OF EVENTS 2/11/17

- 8:00-10AM 5K REGISTRATION
(Rowland & Hollenbeck)
- 9:00AM 5K RACE BEGINS
- 10:00AM 5K CANCER WALK
& FAMILY RUN BEGINS
- 10:00-1PM FOOD CARNIVAL, LIVE
MUSIC, HEALTH FAIR,
VENDOR BOOTHS OPEN



Mail Registration Form to:

Covina High School
C/O Colt Day 5K
463 S. Hollenbeck Ave.
Covina, CA 91723

Note:

Mail in Registrations must be
postmarked no later than
February 1st, 2017

Race/Walk beginning in themain parking lot at Covina High School

Adults = \$20, Children under 12 = \$15

Family Run / Walk = \$70 (Any team combo of students, parents and children, MAX. 5 people)

* Same day registration = \$25 (Shirts while supplies last, \$20 no shirt) www.covinatrack.com

Colt Day 5K Registration Form 2/11/17

Last Name

First Name

Street Address

City

State

Zip Code

Daytime Phone #

Age on 2/11/17

Birthdate

Male **Female**

Gender

Email Address

Shirt Size

For Teams: (please list name, age and shirt size for each member)

Name (Last, First)

Age

Shirt Size

Name (Last, First)

Age

Shirt Size

Name (Last, First)

Age

Shirt Size

Name (Last, First)

Age

Shirt Size

Waiver In consideration of acceptance of my entry, I for myself,/(and my family members on a family team), executors, administrators and assignees do hereby release and discharge the Colt Day 5K and any affiliated individuals, Covina High School and its employees, Covina-Valley Unified School District and its employees, and all other sponsors and associates for claims of damages, demands, actions whatsoever, in any manner arising or growing out of my/(and my family's) participation in said athletic event, Further, I hereby grant full permission to any of the foregoing to use any photographs, videotapes, motion picture recording or any other record of this event. I attest and verify that I have full knowledge of the risks involved in this event and I am/(and my family members are) physically fit and sufficiently trained to participate in this event.

Participant's Signature

Date

Fees:

ADULT:

\$ _____

CHILD:

\$ _____

TEAM:

\$ _____

DONATION:

\$ _____

TOTAL:

\$ _____

**Please make check payable to:
Covina High School**

For Colt Day Staff
Use Only:

Payment Received
On: _____

Cash: _____

Check: _____

Check #: