

# COLT DAY '15

(Non-Profit Volunteer Fair)

Saturday, February 7, 2015  
Covina High School  
463 S. Hollenbeck



### Schedule of Events

8:00-8:45 Race/Walk/  
Registration/Check-In  
8:00-10:00 Pancake Breakfast  
9:00 5K Race  
10:00 Family Run/Cancer Walk  
10:00-1:00 Food, Carnival,  
& Live Music  
11:00 Cow Chip Bingo  
2:00 Event Ends

Colts Care & ASB  
City of Hope Blood Drive  
Interact Club's  
Pancake Breakfast  
Live Music!  
(feat. Mike's  
Guitar World)  
Petting Zoo

Plant Sale  
Food Booths

FFA's  
Cow Chip Bingo



## 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  
January 28<sup>th</sup>, 2015

### Race beginning on the track at Covina High School

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

Family Run / Walk = \$50 (Teams of parents and kids, MAX. 5 people)

\* Same day registration = \$25 (Shirts while supplies last) [www.covinatrace.com](http://www.covinatrace.com)

## Colt Day 5K Registration Form

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Age 2/7/15

Birthdate \_\_\_\_\_

Male \_\_\_ Female \_\_\_  
Gender

Email Address \_\_\_\_\_

Shirt Size \_\_\_\_\_

For Family 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 \_\_\_\_\_

ALL PARTICIPANTS MUST SIGN WAIVER -- PARENT'S SIGNATURE IF UNDER 18 YEARS OLD

### Fees:

ADULT:

\$ \_\_\_\_\_

CHILD:

\$ \_\_\_\_\_

FAMILY TEAM:

\$ \_\_\_\_\_

DONATION:

\$ \_\_\_\_\_

TOTAL:

\$ \_\_\_\_\_

Please make check  
payable to:  
Covina High School

For Colt Day Staff  
Use Only:

Payment Received  
On: \_\_\_\_\_

Cash: \_\_\_\_\_

Check: \_\_\_\_\_

Check #: \_\_\_\_\_