9:00-10AM   Set Up & REGISTRATION (QUAD)

9:00-11AM   PANCAKE BREAKFAST (QUAD)

10:00AM   CANCER WALK

10:00-12PM   FOOD CARNIVAL, LIVE MUSIC, VENDOR BOOTHS, GAMES

Mail Registration Form to:

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

Note:

Mail in Registrations must be postmarked no later than January 26th, 2018

Walk beginning in the QUAD at Covina High School
Adults = $20, All STUDENTS AND CHILDREN = $15
* Same day registration = $25 (Shirts while supplies last, $20 no shirt)
www.covinahigh.net

Colt Day Walk Registration Form 2/3/18

Fees:

_____   _____
Last Name   **First Name**

ADULT:
$_____

_____
Street Address

CHILD:
$_____

_____ _____ _____
City   **State**   **Zip Code**

DONATION:
$_____

_____ _____ _____ __Male __Female
Daytime Phone #   **Age on 2/3/18**   **Birthdate**   **Gender**

TOTAL:
$_____

_____ _____
Email Address   **Shirt Size**

ADDITIONAL NAMES(please list name, age and shirt size for each member)

Please make check payable to: Covina High School

_____ _____ _____
Name (Last, First)   **Age**   **Shirt Size**

_____ _____ _____
Name (Last, First)   **Age**   **Shirt Size**

For Colt Day Staff Use Only:

Payment Received On: _____

_____ _____ _____
Name (Last, First)   **Age**   **Shirt Size**

Cash: _____

_____ _____ _____
Name (Last, First)   **Age**   **Shirt Size**

Check: _____

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 Cancer Walk and any affliated 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.

Check #: _____

Participant's Signature _____ **Date** _____
ALL PARTICIPANTS MUST SIGN WAIVER -- PARENT'S SIGNATURE IF UNDER 18 YEARS OLD