**BISHOP CHAMBER OF COMMERCE**

**ANNUAL WILD HORSE DESERT ROUND-UP**

**5k RUN/2 MILE WALK**

**SPONSORED BY THE**

**CATHOLIC DAUGHTERS OF ST. JAMES THE GREATER COURT #2705**

**APRIL 30, 2016**

 **@ 8:00 AM**

The Catholic Daughters of St. James the Greater Court #2705 will host the annual “5K Run” in conjunction with the Wild Horse Desert Round-up.

Multiple Age Division: 17 and Under $15

 Adults: $25

 Family or Group of 5 $100

 Family or Group of 10 $175

**EVENT SCHEDULE**

**5K/Run 2 Mile Walk**

**Starting at 8am**

5 K Run will be along the scenic path around the City Parks Lake and into nearby neighborhood. There will be award after for runners by age group and first and second overall for walkers.

Best Dressed Group or Family

Crazy Dressed Group or Family

Largest Group or Family

Oldest and Youngest Runner/Walker

First Group or Family to get all members across the Finish Line

For information contact Judy at the Bishop Chamber of Commerce 361-584-2214

Like us on Facebook (Bishop Chamber of Commerce Bishop, TX.)

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_**

**In consideration of the acceptance of the entry, I, The undersigned, do waive and release any and all claims for myself against officials and sponsors of this event, “Wild Horse Desert Round-up 5 mile run/2mile walk” personal and any persons and entities associated with the event for any injury with the event for any injury which may directly or indirectly result from entrant’s participation in this event. I also understand there are traffic hazards from which the officials and sponsors cannot be responsible. (Parents signature required if participant is under the age of 18)**

**Signature of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent if under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Coordinators Initial & Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**