

# 2ND ANNUAL CHUPACABRA 5K & 10K RUN

## Early Entry Fees:

All entries include a t-shirt, meal and finisher medals.

- \$30 - Adults 19 & up
- \$20 - High School 14 - 18
- \$20 - Youth 13 & under

Early Mail-in entry forms must be received by November 1, 2017

## Race Day Entry Fees:

- \$35 - Adults 19 & up
- \$25 - High School 14 - 18
- \$15 - Youth 13 & under

## Registration Packet Pick Up:

November 3, 2017  
Between 2:00 - 7:30pm

### Sole 2 Soul

at the Marketplace  
9000 Ming Avenue  
Bakersfield, CA 93311

SATURDAY  
NOVEMBER 4, 2017

## Location

Pyles Boys Camp Group Picnic Area  
Lake Ming Rd  
Bakersfield, CA 93306

CHECK-IN  
6:30AM - 7:30AM  
STARTS TIME  
8:00AM

CHIP  
TIMING

## Free Kids Fun Run

For kids 7 & under, they will receive a T-Shirt & goody bag

**For Runners only:** Medals go to top 3 men & women in each age category for 5K/10K run.

**All paid runners receive a cool Chupacabra T-shirt and finishers medal.**

For more information, contact Bruce Ellison Vice-President, MMHS Pride Foundation @ (661) 477-6698 or  
MMHSPrideFoundation@gmail.com

All Proceeds go to Mira Monte High School Pride Foundation to support Mira Monte High School

## REGISTRATION FORM AND WAIVER

You Can Also Register Online @ <https://ultrasignup.com/register.aspx?eid=6032>

Check which race:  5K  10K Age   
Sex: Male  Female  DOB

Choose Age Group

T - Shirt Size:

- 14 & Under
- 15-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-Plus

- Youth
- Small
- Medium
- Large
- X Large
- 2X Large
- 3XLarge

Name: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### WAIVER-ALL ENTRANTS MUST SIGN

In consideration of this entry acceptance, I hereby for myself, executors, administrators assignees, do hereby release and discharge Supervisor Leticia Perez, Mira Monte High School Pride Foundation and any other sponsors from all claims for damages which I or my minor child may sustain arising or growing out of my participation in the "Chupacabra 5K/10K run." I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate in this event.

\_\_\_\_\_  
PARTICIPANT NAME (Please Print)

\_\_\_\_\_  
SIGNATURE (Parent/Guardian if a Minor)

\_\_\_\_\_  
DATE

Checks Payable to: MMHS Pride Foundation



Mail To: P.O. Box 534 Edison, CA 93220

For Official Use Only

BIB # \_\_\_\_\_