



☯ The Phoenix Sister Cities 5K Run/Walk is for EVERYONE! ☯

Phoenix Sister Cities is a 501(c)(3) nonprofit organization that exists to create people-to-people relationships through a variety of educational, cultural, and artistic exchange programs and events. Phoenix Sister Cities is committed to promoting global understanding by creating exceptional opportunities and international partnerships for the residents of Phoenix. We invite you to race with us on November 2, 2019. We will see you there!

For more information about Phoenix Sister Cities, visit phoenixsistercities.org

When: Saturday, November 2, 2019 at 7:30am
Where: Arizona Falls Canal, 5802 E Indian School Rd, Phoenix, AZ 85018
Registration: 6:00am – 7:45am

- Prices:**
- **Pricing Through November 1*:** \$30 Phoenix Sister Cities members, \$35 non-members
 - **Race Day Pricing on November 2:** \$50
 - **Virtual Race Pricing through November 1*:** \$30
 - **Teams of 10 Through November 1*:** \$250

*RACE T-SHIRTS ARE GUARANTEED FOR ALL RUNNERS/WALKERS REGISTERED **BEFORE** OCTOBER 15, 2019!

Send registration form below to **200 W. Washington St. 20th Floor, Phoenix, AZ 85003.**

- Please make all checks payable to Phoenix Sister Cities.

OR Register online at phoenixsistercities.org

Questions? Call 602-534-3751 or email emily.smolenski@phoenix.gov

-- CUT HERE ----- MAIL-IN FORM BELOW ----- CUT HERE --

How will you race (please circle one): 5K Run/Walk @ Arizona Falls Canal Virtual 5K Run/Walk

Full Name: _____ **Gender** (please circle one): Male Female

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____ **Age at time of race:** _____

T-Shirt Size (please circle one): Small Medium Large X-Large XX-large XXX-Large

How did you hear about this race (please circle one): Friend/Family Social Media other: _____

WAIVER: In consideration of submitting this entry, I, the undersigned, intending to be legally bound hereby, for myself and my heirs, executors, and administrators waive and release and all rights and claims for damage I may have against the City of Phoenix, Phoenix Sister Cities and its affiliates, and/or anyone associated with this event, their representatives, successors, sponsors, volunteers and assigns for any and all injuries suffered by me in said event and travel to and from the event. I will additionally permit the free use of my name and pictures in broadcasts, telecasts, newspapers, etc. and I hereby consent to medical treatment in the event of injury, accident, and/or illness during the event.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

(PARENT OR GUARDIAN REUIRED IF UNDER 18 YRS OF AGE)