ENTRY F	FOR	M	_	online at:	LL		
Mail completed entry	form to	:	derbyda	y5k.com	(
Santa Anita Derby			e Manag	gement,			
6347 Paseo Corono	o, Carlst	oad, CA	92009	Deadlin	e is March	<u> 30</u>	
Name (first)	(last)					
Address							_
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L L L L Daytime Phone	_ L_ L_ l			e on Race Day	Birthday	_ L L	_
		1		1			
E-Mail Address	_			_			_
	Supp	ort o I	ocal N	on-Profi			
☐ Methodist Hospital Foun☐ Arroyo High School	ıdation	☐ Arcadia nte High So	a Historical Chool	Museum Los Ang	eles Arboretun	High Sch	
Check One: □5K □ Kids' 6-Furlong Race (3/-						, 6 & und	der)
Adult Entry, \$38.00 (After 3/31/20, \$40.00; Seniors (65+) Entry, \$36. (After 3/31/20, \$38.00; Youth (18 & under), \$25. (After 3/31/20, \$30.00)	Race Day, 00 Race Day, 00	\$43.00) . \$40.00) .				\$	
Total Enclosed			• • • • • • • •			\$	
Team Name	yosoivod l	7/10/10	Λ				
Personalized Bib (must be							
T-Shirt Size (Men/Unisex) T-Shirt Size (Women)	S M I XS S M		XXXL XXL	T-Shirt Siz	e (Youth)	S M	L
WAIVER: (Must be signed I hereby release Santa Anita Park (TSG De Los Angeles Turf Club, Incorporated, etal), the and all municipal agencies whose prope from responsibility for any injuries I may s and am able to safely compete in this e understand that I am solely responsible and pictures in broadcasts, telecasts, ne I certify that all information in this form in my signature below. Santa Anita Park a	velopments Investe City of Arcadia, erty and/or persor uffer as a result devent. I hereby cofor all costs relativespapers, brochis true and comp	Methodist Hospin nel are used, an of my participation onsent to receive ing to medical th nures, etc., and a dete. I have read	al of Southern Ca d other sponsori n in the Santa Ar e medical treatm ansportation and also understand t the entry inform	alifornia, Kathy Kinang or co-sponsorin lita Derby Day 5K. ent which may be 1/or evacuation. I what the entry fee is ation provided for	ne and Kinane Events, g company(ies), agenc I hereby certify that I at deemed advisable du rill additionally permit t non-refundable. As a the event and certify r	Inc. and employ(ies) or individual in good contribution in good contribution in good contribution in good in g	oyees, dual(s) dition t and name thlete
Signature of athlete	Date	(Signature of p	arent if under 18	years)			-
IF ATHLETE IS UNDER AGE 18 Santa Anita Derby Day 5K, is in emergency treatment if necessar	: This is to ce n good physi	rtify that my s	on/daughter h	nas my permiss			,

Proceeds benefit the Arcadia High School Athletic Boosters Club (which funds the school's sports programs for both boys and girls), Arroyo High School, Alhambra High School, El Monte High School, the Arcadia Historical Museum, Los Angeles Arboretum Foundation, Methodist Hospital Foundation and CARMA, which finds homes for retired racehorses.

PLEASE MAKE NON-REFUNDABLE CHECK PAYABLE TO: SANTA ANITA DERBY DAY 5K

Rain or Shine Event • Please NO Dogs!