

11th Annual Liberty Bank Clinton Bluefish 5K

Saturday August 16th at 9:00 am
Jared Eliot Middle School 59 Fairy Dell Road Clinton, CT

REGISTRATION STARTS AT 7:00 A.M.



DIVISIONS (Male & Female)	Snappers Up to 8	Sub-Masters 30 - 39
	Pre-Teen 9 to 12	Masters 40 - 49
	Teen 13 - 19	Grand Masters 50 - 59
	Open 20 - 29	Golden 60 - 69
		Platinum 70+

T-Shirts for the first 300 pre-registrations

Registration
Pre-Register (by 8/15/08)
\$15
Day of Race - \$18

Make Checks Payable to:
Clinton Chamber of Commerce

LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>

MAILING ADDRESS
<input type="text"/>

TOWN	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AGE	MALE	FEMALE	PHONE NUMBER (INCLUDE AREA CODE)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

MAIL TO:
Chamber of Commerce
50 East Main Street
P.O. Box 334
Clinton, CT 06413

Email address _____ @ _____

In consideration of your acceptance of this entry, I, the undersigned entrant, intending to be legally bound hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the Town of Clinton, the Clinton Chamber of Commerce, Shoreline Community Women, Inc. or any other sponsors or supporters, or any of their agents, successors or assigns for any and all accidents, illnesses or injuries suffered or sustained by me either during or as a result of the race. I attest and verify that I am in sufficiently good physical health to participate in the event; that I am sufficiently trained for this event and its completion; and that my physical health has been verified by a licensed medical doctor.

Runner's Signature (Parent or Guardian must sign if
Runner is under 18)

Date

NOTE: Parent/Guardian agrees to accompany any entrant under 15 years of age to said event