

Entry Form

Please complete one per person.
Forms may be submitted to the
Cobourg YMCA or online through The
Running Room.

First Name: _____

Last Name: _____

Age: _____

Mailing Address: _____

City: _____

Province _____

Postal Code _____

E-mail _____

Emergency contact & Phone: _____

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Race Day

Check in and pick up your
Reindeer Run memento between
9am & 9:30am at the Centennial
Pool building.

RUN/WALK START TIME:

9:30 AM The race starts and
ends at Victoria Park.

ROUTE: The routes will be
marked for both the 5K run and
the 3K walk.

The Dutch Oven Bakery & Coffee Shop 7 King St. W.

One again this year the Dutch
Oven invites all participants to
indulge in complimentary
refreshments following the
run/walk. We sincerely
appreciate their generosity in
hosting this annual post-race
fellowship.



Get in on the fun!
Sign up now for the

Reindeer Fun Run

5km Run & 3km Walk
Sat, December 7
9:30am - Victoria Park



**Proceeds support the
Northumberland Hills
Hospital Foundation
and the YMCA Strong
Kids Campaign**



The Northumberland Hills Hospital Foundation and
YMCA Northumberland present the

Reindeer Fun Run

PRE-REGISTRATION:

Please register in person at the Cobourg YMCA.

RUN DAY REGISTRATION:

At Centennial Pool in Victoria Park between 9:00 am and 9:30 am.

PLEDGE FORM:

All participants must raise a minimum of \$20 in pledges. For those participating as a family, please attempt to raise at least \$40 in pledges. All proceeds from the event will support the Northumberland Hills Hospital Foundation and YMCA Northumberland's YMCA Strong Kids Campaign. Sponsors pledging \$20 or more will receive a charitable tax receipt.

Sponsor's Full Name	Address, City, Postal Code	Telephone	Amount



Waiver

I acknowledge participating at my own risk and I hereby waive liability of any and all claims against the volunteers of the Northumberland Hills Hospital Foundation and YMCA Northumberland's *Reindeer Run*, from personal injury, death or property damage resulting from my and/or my family's participation on Saturday, December 7, 2013. I consent to any medical treatment deemed necessary by the medical/paramedical team.

Date _____

Signature _____

Signature of parent or guardian if participant is under 18

