



Webster Education Foundation

5K Run/Walk for Education

Saturday, August 11th, 2018

Webster, WI

- When:** Promptly at 8:00 am
- Registration:** Webster High School opens at 6:30 am
- Fee:** \$20 by July 18th postmark, \$25 thereafter
Children ages 12 and under Free, \$10 if they want a t-shirt.
*Registrations received after July 18th will NOT receive a free t-shirt—so register early!
- Course:** 5K (3.1 miles), starts at Webster High School
- Presented by:** Webster Education Foundation
- Awards:** Special awards to 1st, 2nd & 3rd in each age group and overall male and female Finisher.
- Goal:** The WEF funds enrichment projects that enhance educational programs.

For More Information or questions, email us at WEF@webster.k12.wi.us

Webster Education Foundation 5K Run/Walk

Please print legibly, complete, sign and mail this form, with your check, by July 18th postmark to:

Webster Education Foundation, 26428 Lakeland Ave S, Webster, WI 54893

Please make checks payable to: Webster Education Foundation

*Denotes required information

Note: 1 runner/walker per registration form; you may also register morning of the race

First Name* _____ Last Name* _____

Mailing Address* _____

City* _____ State* _____ Zip Code* _____

Phone* _____ - _____ - _____ Gender: F M Age* _____ on race day

Email address _____

Race Entered* Runner Walker Date of Birth (mm/dd/yyyy) ____/____/____

T-Shirt Size* YOUTH: S M L ADULT: S M L XL XXL 3XL

For early registrations, we will make every effort to provide you with your selected shirt size.

Amount Enclosed: \$_____ (sorry, no refunds) Interested in joining the foundation? Y N

Unfortunately I am unable to attend the WEF 5K Walk/Run for Education but please add me on the mailing list for the 2019 Webster Education Event

Please find my donation of \$_____ to Webster Education Foundation enclosed. (Please make checks payable to Webster Education Foundation.

WAIVER: In consideration of my signing this agreement, I enter this event at my own risk and assume any risk or responsibility for injuries I may incur as a direct or indirect result of participation in this event. I also agree not to hold liable any representatives or employees of the Webster Education Foundation, The Webster School District, The Village of Webster, Town of Meenon, St. Croix Tribe or the County of Burnett for said injuries. I also give The Webster Education Foundation the irrevocable right to use my name and photograph in all forms of media and in all manners for event promotion, advertising, trade, or any lawful purposes, I waive the right to inspect or approve the finished product, including written copy that may be created in connection therewith.

Signature*: _____ Date*: _____

(Parent of participant if under 18 years old)



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