

Winnebago Virtual Walk/Run 2020

Registration Form

Name: _____ Sex: M F D.O.B: __/__/__

Address: _____

Phone #: (____) ____ - ____ E Mail Address: _____

T-Shirt Size: S M L XL 2XL 3XL

Age Category: 0-10 11-17 18-29 30-39 40-49 50-59 60+

Distance Category: 5k Walk/Run 7Mile Run

By electronically signing this registration form, I understand that Whirling Thunder Wellness Programs, Winnebago Health Department, and Winnebago Tribe of Nebraska are not responsible for any injuries or accidents that may occur. I am responsible for being physically able to participate in the Virtual Walk/Run 2020.

Participant Signature: _____ Date: _____

For more information, contact the Whirling Thunder Wellness Programs Staff at (402)878-2272 or message us on Facebook

