



Entry Form

Name: _____

Age: _____ Sex: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

T-Shirt Size: S M L XL 2XL

I have trained in a suitable manner for a 5k run, and will not hold the Havana Chamber of Commerce, the City of Havana, or any other individuals or groups liable for any accident which may occur at this event.

Date: _____ Signature: _____

(Participant/Parent *Parent signature required if under age 18)

Cost: \$25.00 includes race packet and shirt (After 8/27/21 \$20.00 no shirt or packet)

Make all checks payable to: **Havana Chamber of Commerce**

Mail Entry and Check to:
Mason District Hospital
Polka Pace Race
615 N. Promenade
P.O Box 530
Havana, IL 62644

For information contact Mason District Hospital
At (309)543-8159 or email a-smith@masondistricthospital.org