



REGISTRATION FEES

Half Marathon: \$30.00

Registration Deadline: Saturday, October 3 by 5PM

Age Requirement: 15 yrs & Older

Must be able to: Complete within 4 hours

10K & 8K Run: \$20.00

Day of Event Registration: \$25.00

Age Requirement: 11 yrs & Older

Must be able to: Complete within 2 hours

EVENT START TIMES

Half Marathon: 7:00 AM

10K Event : 7:20 AM

8K Event: 7:30 AM

YOU CAN REGISTER AT:

The Hopi Wellness Center

Monday-Friday 8 AM-5PM OR

Saturday October 3rd from 12N-5PM

MONEY ORDER OR CHECK ONLY

DEADLINE TO REGISTER FOR THE

HALF MARATHON IS

SATURDAY, OCTOBER 3, 2015

@ 5:00 P.M.



"Celebrating the Hopi Running Tradition"
LOLMAT'OV!
NANAMUNGWA

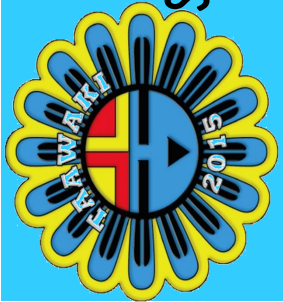
2015



TAAWAKI

Trail Run

October 4, 2015



9TH ANNUAL TAAWAKI TRAIL RUN

Half Marathon, 10K & 8K Event

SUNDAY, OCTOBER 4th HOPI VETERAN'S MEMORIAL CENTER

REGISTRATION FORM

Course Description:

All trails begin at approximately 5,000 feet and lead to an elevation of approximately 6,000 feet at the highest point. Sandy to rocky conditions present with numerous hills ranging in incline and decline. All trails are full of challenges for each running level.

Event Location:

Hopi Veteran's Memorial Center (HVMC) Highway 264
Mile post 375.5, East of Kykotsmovi Village

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I AM REGISTERING FOR THE: HALF MARATHON 10K 8K

First Name: _____ **Last Name:** _____

Gender: Female Male **Age:** 11-15 16-20 21-25 26-30 31-35 36-45 46-59 60+

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Do you have Diabetes?

- Yes Don't know
- No Choose not to answer

T-Shirt Size:

- Adult:** Small Medium Large
- X-Large 2X-Large

Please complete and return this form along with payment to:

Hopi Veteran's Memorial Center—Taaawaki Trail Run
PO Box 123
Kykotsmovi, AZ 86039

For more information please call (928) 734-3432

Waiver of Liability

I hereby recognize and agree that participants in the 2015 HOPI TAAWAKI TRAIL RUN (hereinafter referred to as the "Run"); may be subjected to certain risks of physical injury, damages or loss. I voluntarily agree to assume the risks of physical injury, damages, or loss that I may sustain as a result of participation in the Run. I further waive and relinquish all claims that I may have against the Hopi Tribe and all program sponsors, including officials, volunteers, and employees. I have read and fully understand the warning, assumptions of risks, the waiver, and release of all claims.

Participant Signature Date

If under 18, parent or guardian signature Date

OFFICE USE ONLY

Registration Date _____

Payment: Money Order _____ Check # _____

Receipt Number _____

Received by: _____