

# Support Cienega's Cross Country Team!

## Walk or run to help raise funds.

### Location:

Cienega High School  
12775 E Mary Ann  
Cleveland Way  
Vail, AZ 85641

### Course:

The race will be run on the CHS 3 Mile Cross Country course on the north fields.

As you arrive, please be mindful of the high school meet taking place. Don't forget to cheer!

### For more info contact:

Steve Taggart  
Phone:820-6447  
Email: staff@taggrun.com



### Start Time:

5:45 pm – Right after the Cross Country Meet

### Registration & Bib Pickup:

5:00 p.m. NE back fields

### Features:

- Awards to top ten men and top ten women
- Benefitting Cienega High School Cross Country Team



## September 4, 2019



Clip and mail today or enter online at: [www.taggrun.com](http://www.taggrun.com)

**ENTRY FORM**  
Please mail completed entry form and fee to:

**Tagg Running Events**  
P.O. Box 1029, Vail, AZ 85641

**Wild Wednesday @ CHS**  
**3 Mile Run/Walk**

**FEES:** (circle price)

**Fees received by 9/2/19**      **\$15**

**Day of Race**      **\$20**

**T-shirt** Must be ordered by 8/27/19      **\$10**

**Donation**      \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**T-Shirt (Must be ordered by 8/27/19)**

**Adult sizes** (circle one)    **S   M   L   XL   XXL**

**PLEASE COMPLETE ALL INFORMATION**  
One entry form per person, OK to copy

Official use only

**ONE FORM PER PARTICIPANT**

FIRST NAME				LAST NAME			
_____				_____			
M	F	BIRTHDATE (MM/DD/YY)	AGE ON RACE DAY	AREA CODE	PHONE		
_____	_____	_____	_____	(____)	____-____	_____	

E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. NUMBER \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_

**WAIVER:** I hereby release the Vail School District, Taggrun LLC, USATF, and all municipal agencies whose property and/or personnel are used and other sponsoring or co-sponsoring company(ies), agency(ies), or individual(s) from responsibility or any injuries or damages I may suffer as a result of my participation in the Wild Wednesday Run/walk and all related events. I hereby certify that I am in good condition and am able to safely compete in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. and I also understand that the entry fee is non-refundable. As a participating athlete I certify that all information provided in this form is true and complete. I have read the entry information provided for the event and certify my compliance by my signature below. Bib numbers are not transferable.

**IF ATHLETE IS UNDER AGE 18:** This is to certify that my child has my permission to run in the Wild Wednesday Run/Walk, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.



PARTICIPANT'S SIGNATURE (or parent/guardian if participant is under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

**Make check payable to:**  
**Tagg Running Events**