

Siren WI Freedom Five Race Registration Form

One registration form per participant

Print out this entry form and mail it with fee postmarked by June 15th to:

Entries postmarked after 6/15/24 will be returned to sender.

Siren Area Chamber of Commerce
c/o Freedom Five Race
PO Box 71
Siren WI 54872

Race entered 5K run/walk

\$25 5K preregistered (postmark by 6/15)

Mini 5 (children 10 and under)

\$15 Mini 5 preregistered

(adult accompanying child does not need to register unless you would like a t-shirt and race snack for \$15)

Please make checks payable to Siren Chamber of Commerce

Last Name First Name Age on Sex
July 4th M/F

Birth Date Telephone Number Shirt Size (circle one)
Mo Day Year - - Adult (men's) S M L XL XXL
Youth S M L

Mailing Address

City State Zip

Email Address

Age Group
 12 & under 13-16 17-19 20-29 30-39 40-49 50-59 60-69 70+

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 representative or employee of the Siren Chamber of Commerce the Village of Siren, Township of Siren or Burnett County WI for said injuries.

Signature _____
Race participant (Parent or Guardian if participant is under 18)

Date ____ / ____ / ____

Additional information at www.visitsiren.com