2018 BRIDGE RUN ENTRY FORM

COOPER RIVER BRIDGE RUN

10K RUN/WALK APRIL 7 **KIDS RUN & WONDERFEST APRIL 6**

*****NO REFUNDS OR DEFERRALS**

COOPER RIVER BRIDGE RUN

ANTICIPATED RUN FINISH TIME: (must choose one)

◯ **Mobility Impaired** Choose this circle ONLY if you are registered as Mobility Impaired

◯ **Walk or Walk-Run** 3 hr time limit
◯ **Run - Over 1 Hour**
◯ **Run - 50 to 60 Mins** (Verification Required Below)
◯ **Run - 45 to 50 Minutes** (Verification Required Below)
◯ **Run - Under 45 Mins Competitive:** (Verification Required Below)
◯ **Run - Under 40 Minutes Seeded:** (Verification Required Below)

Verification Race Name _____ Date MM/DD/YY ___/___/___ Time MM:SS ___:___

EVENT USE ONLY (**LEAVE BLANK**)

EVENT CODE

RUNNER INFORMATION:

FIRST NAME LAST NAME

EMAIL

ADDRESS

CITY ST ZIP

TEAM NAME

(Fill in team name only if you are forming a team of at least 5 participants)

PHONE #:

*BIRTH DATE (MM/DD/YY):

GENDER: M F

FILL IN T-SHIRT SIZE

Shirt included with entry

S M L XL XXL — Adult Sizes (XXL $2 additional)

S M — Child Size

FREE BUS SHUTTLE CHOOSE ONE:

◯ **Downtown Anson at Calhoun**
◯ **Towne Centre**
◯ **Jennie Moore/Laing Schools**
◯ **Charleston Area Convention Center**
◯ **Mamie Whitesides School**
◯ **I will not take the bus**

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE #: _____

CHARITY CONNECTION DONATIONS: RUN FOR A CAUSE!

I choose to give an extra $_____ to:

◯ Alzheimer's Association
◯ American Cancer Society
◯ American Diabetes Association
◯ Boeing Center for Children's Wellness
◯ Coastal Crisis Chaplaincy
◯ Crohns Colitis Foundation
◯ Lowcountry Food Bank
◯ MUSC Children's Hospital
◯ MUSC Center for Drug and Alcohol Programs
◯ Pet Helpers
◯ Ronald McDonald House
◯ Special Olympics
◯ Thrive SC
◯ Water Missions International
◯ Windwood Family Services

Cooper River Bridge Run
716 S. Shelmore Blvd., Suite #105
Mt. Pleasant, SC 29464
Office Hours: M-F 10am-5pm
(843) 856-1949
(843) 856-1950 (Fax)

Mailing Address:
CRBR
P.O. BOX 22089
Charleston, SC 29413

Register Online!
VISIT US AT:
www.BridgeRun.com
INFO@BRIDGERUN.COM

Cooper River Bridge Run

@CRBRIDGERUN

Registration

Dates and Pricing

10k Run/Walk:

$35 APR-MAY 2017
$40 JUN-NOV 15 2017
$45 NOV 16-JAN 15 2018
$50 JAN 16-FEB 15 2018
$55 FEB 16- SELL OUT

Kids Run:

Child:
$8 BEFORE 4/6/18
$10 at event

Adult:
$12

NOTE:
One form per person per race

*****NO REFUNDS OR DEFERRALS**

CHOOSE ONE:

◯ **10K RUN/WALK 4/7/2018** $_____
◯ **KIDS RUN HAMPTON PARK 4/6/2018** $_____

◯ **RACE PACKET MAILING $15** $_____
(BEFORE JANUARY 15, 2018)
8IF YOU DO NOT SELECT THIS OPTION YOU WILL NEED TO PICKUP YOUR PACKET AT THE EXPO!

Taste of Bridge Run $15 $_____
April 6, 2018 5pm-8pm

CHOOSE ONE:
◯ CHARLESTON AREA CONVENTION CENTER
◯ MARITIME CENTER (DOWNTOWN)
◯ HARBORSIDE EAST (MT. PLEASANT)

Custom plate for finisher medal $10 $_____
(tag for finisher medal includes name and official time)

◯ **XXL T-Shirt ($2)** $_____
◯ **Boat Shuttle ($8 per ticket)** $_____
◯ **Charity Connection Donation** $_____

PAYMENT OPTIONS ◯ Credit Card ◯ Check ◯ Cash

If paying with a credit card, fill in card number above ****NON REFUNDABLE****

Expires: MM / YY *Security Code*

TOTAL: $_____

LIABILITY WAIVER & RELEASE:

In consideration for allowing me to register and participate in the 2018 Cooper River Bridge Run and its pre and post race activities ("Event"), I, agree to be bound by the terms of the Participant Consent, Waiver and Release from Liability Agreement ("Agreement") posted at http://www.bridgerun.com/register.php and further agree to read same between now and my participation in the Event. (The Agreement generally states that you assume all risks of participation in the Event and waive substantial rights.) If, after reading Agreement, I do not consent to be bound by the Agreement's terms, I further agree that I will not participate in the Event.

Signature of Participant OR Guardian (if under 18) *Date*