

2020 BRIDGE RUN ENTRY FORM 10K RUN/WALK APRIL 4







**NO REFUNDS OR DEFERRALS! NO RACE DAY PACKET PICKUP!

ANTICIPATED RUN FI	NISH TIME: (must choose of	nne)		
RUN UNDER 40 MINUTES (VER	•		NUTES (VEDICICATION PEOUPED RELOW)	
RUN UNDER 45 MINUTES (VER		ORUN OVER 60 MIN	NUTES (VERIFICATION REQUIRED BELOW) EVENT USE ONLY (LEAVE BLANK)	
RUN 45 TO 50 MINUTES (VERIF		OWALK/RUN 3 HO		
O KON 43 TO 30 MINOTES (VEKI	TOATION REQUIRED BELOW)	/ /		
Verification Race Na	me	Date MM/DD/YY	Time MM:SS	
VERIFICATION MUST BE FROM A	CERTIFIED ROAD RACE (4/2018 - 4/201		FINISH TIME TO INFO@BRIDGERUN.COM. EVENT CODE	
RUNNER INFORMATIO	N:			
FIRST NAME		LA	ST NAME	
EMAIL				
ADDRESS				
CITY				
TEAM NAME				
(Fill in team name only if yo	u are forming a team of at least			
PHONE #:		Emer	gency Contact	
		NAME:	:	
*BIRTH DATE (MM/DD/YY):	GENDER		-	
(WINI/BB/11):		PHONE	E #:	
FREE BUS SHUTTLE	CHOOSE ONE:		FILL IN T-SHIRT SIZE	
ODowntown/Calhoun at A	_	ne Centre	not take the bus	
	ion Center O Mt. Pleasant - Sea	•	S M L XL XXL Adult Sizes XX. \$2 additional	
•				
CHARITY CONNECTION	L DONATIONS, BUILTON A C		· · · · · · · · · · · · · · · · · · ·	
CHARITY CONNECTION	I DONATIONS: RUN FOR A C		give an extra \$ to:	
CHARITY CONNECTION OALZHEIMER'S ASSOCIATION	DONATIONS: RUN FOR A C	AUSE! I choose to	· · · · · · · · · · · · · · · · · · ·	
_		AUSE! I choose to	give an extra \$ to: CANCER CENTER	
ALZHEIMER'S ASSOCIATION	OBOEING CENTER FOR CHILDREN'S COASTAL CRISIS CHAPLAINCY	AUSE! I choose to go wellness O HOLLINGS O PET HELPE	give an extra \$ to: CANCER CENTER	
ALZHEIMER'S ASSOCIATION AMERICAN CANCER SOCIETY	OBOEING CENTER FOR CHILDREN'S COASTAL CRISIS CHAPLAINCY	AUSE! I choose to go wellness O HOLLINGS O PET HELPE	give an extra \$ to: CANCER CENTER	
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