

City of Palo Alto's
Dog's Best Friend



2005
Run/Walk

Date/Time:

Saturday, June 4, 2005.
9:00 a.m. Race Start
Race Day Registration begins
at 8:00 a.m.
Baylands Athletic Center
1900 Geng Road, Palo Alto
Course is flat; USAT&F Certified on
levees & paved roads

Registration:

\$20 Preregistration
(received by May 27) includes T-Shirt
\$25 Race Day Registration
Includes T-Shirt while supply lasts.
No confirmation available for
mailed registrations.

Awards:

Awards are presented 3 deep in
Small, Medium and Large divisions.

Beneficiary Groups:

Palo Alto Humane Society &
Palo Alto Animal Services

Computerized Scoring:

Provided by A Change of Pace.
Race results posted on the net:
www.changeofpace.com

For More Race Information:

650-463-4920

Please, no mean doggies or owners!

For safety reasons, no retractable leashes.



a journey to take ...



CITY OF PALO ALTO RECREATION
DOG'S BEST FRIEND 5K RUN/WALK

Entry Form

Please Make Checks Payable to City of Palo Alto or use your Visa/Mastercard
Return entry to : Dogs Best Friend Run/Walk, 3800 Middlefield Road, Palo Alto, CA 94303

Last Name: _____ First Name: _____ Male Female
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ T-Shirt Size: M L XL Age: _____
Email: _____
Visa/Mastercard # _____ Exp. Date: _____
Dog's Name: _____ Dog's height at shoulder: Under 10" 10"-20" Over 20" No Dog
Breed of Dog: _____

Waiver: In consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against the persons and organizations affiliated with the race, the sponsoring agencies and the assignees for any and all injuries suffered by me while traveling to and from, while participation in the Dog's Best Friend 5K Run/Walk on Saturday June 4, 2005. I further attest that I am physically fit and sufficiently trained for participation in this event.

Signature of Registrant (Parent or Guardian if under 18 years of age) _____ Date _____ Amount Paid _____