





UVI Founders Day Mile

1 Mile Walk/Run

REGISTRATION FORM

Friday, March 23, 2018 @ 6:30 am

EVENT INFORMATION

The 1Mile Walk/Run will take place from Bookstore on UVI Albert

A. Sheen St. Croix Campus. Registration is \$10.00. Pre-registration for this event open on March 23, 2018 at 6am. The race begins promptly at 6:30 am. The first 30 registered participants are guaranteed a commemorative t-shirt.

A light breakfast will be provided at the end of the event!

Prizes will be awarded to the first and second overall male and female walkers/runners; and the first male and female UVI alumni, UVI student, UVI staff and UVI faculty walker/runner.

Parking is available at UVI Albert A Sheen Campus.

Questions? Email us at shanta.robertst@uvi.edu or call 340-692-4162

THERE ARE 2 WAYS IN WHICH YOU CAN REGISTER FOR THE 1 Mile WALK/RUN

 Drop off this registration form to: Shay Roberts UVI Bookstore UVI/Albert A. Sheen St. Croix Campus

CASH OR CHECK payable to the University of the Virgin Islands must be accompanied with the completed form.

2. Register online @ <u>www.virginislandspace.org</u> CLICK ON NEXT RACE...

This form can also be located on the www.uvi.edu

WAIVER - RELEASE - STATEMENT OF FITNESS:

I take full responsibility for my participation in this event, which is conducted in high heat and humidity. I understand that this event will take place on public streets used by automobiles and other vehicles, with limited traffic control. I further release UVI, the VI Pace Runners, all sponsors, organizers, and volunteers from all claims resulting from loss, injury or illness from my participation in this event, and give permission to use my name and/or picture, videotape motion pictures, recordings and other record of this event for legitimate purposes.

ALL PARTS OF THIS FORM MUST BE COMPLETED T in this event.	O BE PROPERLY REGISTERED FO	R THE EVENT. Any incomplete forms will not qualify you as a participant
Print Name:		Email address:
Last Name	First Name	
Mailing Address:		
Age Group: Under 20 20-29 30-39 40-49 50-59 60+ T-Shirt Size:		
Gender: Male \Box Female \Box Phone # (h	ome):	Cell:
Name of Organization or employer:		
UVI Alumni 🗌 UVI Student 🗎 UVI Staff 🗆 UVI Faculty 🗖 Community Member 🗀 Active GVI Employee/GVI Retiree 🗆		
Signature:		Date:
Signature of parent/guardian (if under the ag		
RACE NUMBER:		

Co-sponsored by:









PLAZAVENTRA