



# Crystal Mountain Sky Marathon

September 16, 2017

Crystal Mountain, Washington



LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

AGE ON RACE DAY \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ SEX: FEMALE  MALE

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, ST, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY# \_\_\_\_\_

T-SHIRT SIZE: Small  Medium  Large  X-Large

Early entry fee: \$85 1/1-8/31 [\$95 received by 9/12; \$110 race day] \$ \_\_\_\_\_

Pre-race Friday night pasta dinner: (\$20 each) \$ \_\_\_\_\_

Make checks payable to White River 50, LLC Total Enclosed \$ \_\_\_\_\_

Send application to Scott McCoubrey, CMSM Race Director, PO Box 6210 Ketchum, ID 83340

Event Questions? Contact Scott McCoubrey at [scott.whiteriverllc@gmail.com](mailto:scott.whiteriverllc@gmail.com)

Registration Questions? Contact Leslie McCoubrey at [slmccoubrey@msn.com](mailto:slmccoubrey@msn.com)

WAIVER: In consideration of your acceptance of this entry, I hereby for myself, my heirs and executors waive any and all claims that I may have against any and all persons and organizations affiliated with this event, including but not limited to the organizers and supporters of the event, White River LLC, Mt. Baker/Snoqualmie National Forest Service, International Sky Running Federation, US Sky Running Federation, Crystal Hotels, Crystal Mountain Inc., and any sponsors or volunteers, while participating in or traveling to or from the Crystal Mountain Sky Marathon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

