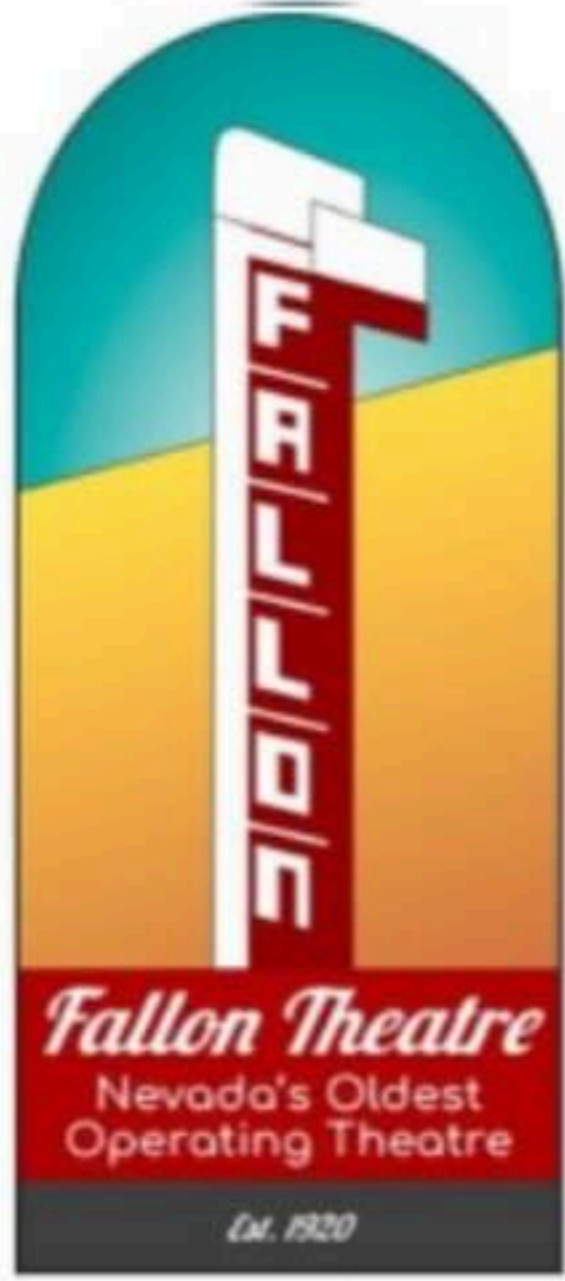


FALLON COMMUNITY THEATRE, INC. *presents*

71 S. Maine Street PO Box 222 Fallon, NV 89407

Website: www.fallontheatre.com

Email: thefallontheatre@gmail.com



FALLON THEATRE



REGISTER WITH THE QR CODE OR COMPLETE THIS FORM.



Saturday: August 24th, 2024 Race Starts at 8 AM

REGISTRATION ON THE DAY OF THE RACE BEGINS AT 7:00 AM.

Location: Churchill County Indoor Pool 333 Sheckler Rd. Fallon, NV 89406

Register by August 2nd, 2024 to guarantee an event T-Shirt

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SEX (circle one): M F AGE: _____

EMERGENCY CONTACT: _____ PHONE: _____

EARLY REGISTRATION: \$25.00

RACE DAY REGISTRATION: \$30.00

SHIRT SIZE: S M L XL 2XL (+\$2) 3XL (+\$3)

Waiver: In consideration of your accepting my entry, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Cantaloupe Canter, Fallon Community Theatre, Inc., and any of their officials and representatives for any and all injuries suffered by me in the Cantaloupe Canter run including liability while traveling to and from the event. I understand I must have my dog on a leash if participating in this event.

*I also understand that due to the nature of this program, I/my children may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement that I authorize the use of any photos or video taken during this event.

Signature: _____ Date: _____

Parent of Guardian's signature required if the participant is under 18 years of age.

Make checks payable to: Fallon Community Theatre (or FCT).

For more information call (775) 691-9537

Registration can be dropped off at Kent's Supply Center, The Fallon Theatre or email karla@kentssupply.com

(Official Use Only) Date: _____ Staff Initials: _____ Payment: _____ Method: _____