

Polka Dot Fun Run



2021 Entry Form

Name: _____

Age: _____ Sex: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

T-Shirt Size: Child Medium Small Medium

I have trained in a suitable manner for a 1 mile run, and will not hold the Havana Chamber of Commerce, the City of Havana, or any other individuals or groups liable for any accident which may occur at this event.

Date: _____ Parent Signature: _____

Cost: \$10.00

Make all checks payable to: **Havana Chamber of Commerce**

Mail Entry and Check to:
Mason District Hospital
Polka Pace Race
615 N. Promenade
P.O Box 530
Havana, IL 62644

For information contact Mason District Hospital
at (309)543-8159 or email a-smith@masondistricthospital.org

Race will start and finish on Main Street