

FORMULARIO PA REGISTRACION

Registration form

1<sup>st</sup> Aruba Boulevard Race Walk

Date: September 19, 2009 Start: 5:00 P.M. Place: L.G.Smith Blvd # 486



Number: ..... M ..... F .....
(Name)

Fecha di Nacemento: ..... Edad riba e dia di coremento.....
(Date of Birth) (Age on race-day)

Adres: .....
(Address)

Pais: .....
(Country)

Telefoon: ( ..... ) ..... Fax: ( ..... ) .....
(Telephone)

E-mail:.....

Categoria di edad/ Age Categories

Table with 4 columns: Masculino (Male), Femenino (Female), and age ranges (14-19, 20-29, 30-39, 40-49, 50-59, 60+).



Na momento di firma y entrega e formulario di inscripcion mi ta declara cu mi ta fisicamente bon di salud y lo mi no responsabilisa e director, sponsor of cualkier otro hende involvi cu e competencia di coremento aki pa cualkier malestar of morto durante e evento. By signing and submitting this entry form, I declare that I consider myself physically fit and that I will not hold the race-walk director, sponsors or any person involved in the organization of this race responsible for any injury or death suffered during this event.

Fecha:.....
(Date)

Firma:.....
(Signature)

Number of Race

Costo di Registracion ( Registration Fee) Afls. 20,00
Ultimo dia di inscribi ta dia 18 di septemberl 2009,
No tin exception

Empty box for Number of Race.