



**Bluefield Partners in Health Race Series**  
**Membership Application**  
 January – December  
 2017

**Personal Information**

Full Name: \_\_\_\_\_ Male  Female   
*First Last M.I. Gender*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: (    ) Cell Phone: (    )

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

**List Additional Participating Family Members in Same Household**

Name	Date of Birth	Male or Female	Emergency Phone Number

**Race Schedule**

The schedule can be found at [www.cityofbluefield.com](http://www.cityofbluefield.com). Go to the department of Parks and Recreation and select Special Events for more details.

The schedule will also be posted on Facebook on the City of Bluefield Parks and Recreation page and Bluefield Partners in Health Race Series page.

**Info**

This series is **FREE** for all to participate

Return application to:  
 City of Bluefield Parks and Recreation  
 1780 Stadium Drive  
 Bluefield, WV 24701