



PARTICIPANT ROSTER

**Please submit a copy of this roster to Maui 5K to have race packets prepared in advance.
Participant roster must be sent to Maui 5K one week in advance of actual event.
Person responsible for packet pickup must fill in their name and contact phone number.**

School Name: _____

Coordinator's Name: _____

Coordinator's Phone No: _____

	Last Name	First Name	5K	1 Mile	Amt Paid	Cash	Check
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2							
3							
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