



MOUNT CARMEL ACADEMY'S

39th Annual Carmel Challenge Cup

Saturday, November 20, 2021

ROUTE: LAKEFRONT - RACE BEGINS BY SHELTER ONE & LANDRY'S

TIMES: 1 MILE FUN RUN - 8 AM | 5K RACE - 8:30 AM

REGISTRATION: \$20 PER PERSON (INCLUDES T-SHIRT) -or-
\$10 WITHOUT THE T-SHIRT

T-SHIRTS: MULTI-COLORED LONG-SLEEVED CARMEL CHALLENGE CUP T-SHIRTS
T-shirts guaranteed to all who register by Nov. 18. After that date, if we run out of t-shirts, please pick up t-shirt ONLY at the Mount Carmel Academy Cub Shoppe. Allow two weeks for delivery.

PEAKE



AWARDS: 5K Race & 1 Mile Fun Race: 1st Overall (Male & Female) • 1st MCA Student • 1st MCA 8th Grader
1st MCA Freshman • 1st MCA Sophomore • 1st MCA Junior • 1st MCA Senior • 1st MCA Faculty Member (Male & Female)
1st MCA Alumna • 1st MCA Parent (Male & Female) • 1st Dog with Male Runner • 1st Dog with Female Runner
(Male & Female) 1-mile: 1st place in age groups / 5K: 1st, 2nd & 3rd place in age groups

Age Groups: 0-6 | 7-10 | 11-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60 & Over



STACIE ESTOPINAL STANLEY '89

ENTRY FORM PICK-UP:

Mount Carmel Academy
7027 Milne Boulevard

MCA website
www.mcacubs.com

Race administrators reserve the right, in the event of an emergency or natural disaster, to cancel the race or to change the day and/or time. All entry fees are non-refundable.

Carmel Challenge Cup: SATURDAY, NOV. 20 | 8 AM 1 MILE WALK-RUN | 8:30 AM 5K RACE
\$20 PER PERSON (INCLUDES T-SHIRT) | \$10 PER PERSON (NO T-SHIRT)

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

In consideration of the acceptance of this application form, I, the undersigned, intending to be legally bound, do hereby for myself my heirs, executors, administrators and assigns, knowingly and willingly waive any and all rights and claims for damaged I may have against persons or entities connected with this event, including Mount Carmel Academy and other sponsors, and I release and hold them harmless from any liability for any and all injuries sustained in connection with this event. I hereby grant full permission to use my name and image in any photographs, video tapes, motion pictures, recordings, broadcasts or other records of event, and that my physical condition has been verified by a licensed physician.

PAID: Check Cash

Please make check to "Mount Carmel Academy"

T-SHIRT SIZE: (check one):

YL S M L XL XXL

MCA STUDENTS ONLY: HMRM _____

OTHER PARTICIPANTS: Give credit to

8 9 10 11 12

SEND THIS FORM AND CHECK TO:

Mount Carmel Academy
7027 Milne Blvd. | New Orleans, LA 70124

SIGNATURE

IF UNDER 18, SIGNATURE OF PARENT OR GUARDIAN