

REGISTRATION FORM

Five Mile Run

This Form may be reproduced
(please print)

First Name: _____ Last Name: _____

Age on race day: _____ D.O.B: _____ Male: _____ Female: _____

Age group: (circle one) 14 & under 15-19 20-24 25-29 30-34

35-39 40-44 45-49 50-54 55-59 60-64 65-69 70 & over.

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Entry Fees: Online: \$17.00 _____ Mail in: \$20.00 _____ Race day: \$25.00 _____
Family (limit 4 immediate family members, mail in registration only): \$50.00 _____

KAR \$2.00 discount number: _____

T-Shirt size: (circle one) Small Medium Large X-large XX Large (add \$2): _____

Total amount enclosed: _____ My Champion Chip # (if you own): _____

Please make checks payable and mail to: (or register on line at www.greatlakechampionchip.com)

Schoolcraft Firecracker 5 Miler

C/O Brenda Stoddard

P.O. Box 487

Schoolcraft, MI 49087

WAIVER: I recognize there is a potential risk of personal injury by participating in this event. In consideration of the acceptance for the Schoolcraft Firecracker 5 miler and/or Fun Run/Walk, I hereby release all participating groups and persons officially connected with this event from any and all liability for any injury or damages whatsoever arising from my participation in the events. **NOTE: PARENT MUST SIGN IF PARTICIPANT IS UNDER 18.**

SIGNATURE: _____

Parent/Guardian signature if under 18 years: _____

Incase of emergency contact: _____ Phone: _____