

Registration Form

October 19, 2008 • Race starts 3:00 pm

Name _____

Team captain (if applicable) _____

Child/Student/Senior _____ Adult _____

Mailing Address _____

Phone _____

E-mail _____

Enclosed is my registration payment of:

- \$75 individual
- \$150 family
- \$25 student/child/senior
- My fundraising goal is \$_____.

I will submit the balance of my pledge payments
by or on the day of the **Spirit 5K**.

- I am unable to participate, but please accept my
donation of _____.

MCMISA # _____ Exp. date _____

WAIVER MUST BE SIGNED BEFORE MAILING

I hereby waive all claims against the Medical Needs Foundation, the Borough of Mountain Lakes and its agencies, St. Catherine's Church, race sponsors or any personnel for any injury I might suffer in this event. I grant full permission for organizers to use photographs or other media recordings of me in legitimate accounts and promotions of this event.

Signed _____ Date _____

(by parents, if under 18)

Incomplete or illegible forms cannot be processed.
Sorry, no refunds or transfers.

Please detach and register by October 1