

Participant Information

Date: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Date of Birth: ____/____/____ (Month/Day/Year)

Age on Race Day: _____ Sex: Male Female

Adult T-Shirt Size: Small Medium Large X-Large XX-Large

Child T-Shirt Size: Small Medium Large

Participation Fees

RACE REGISTRATION (Choose One)

Individual on or before 7/20/09 Individual after 7/20/09

- | | |
|---|--|
| <input type="checkbox"/> 10K Run \$25.00 | <input type="checkbox"/> 10K Run \$30.00 |
| <input type="checkbox"/> 5K Run/Walk \$20.00 | <input type="checkbox"/> 5K Run/Walk \$25.00 |
| <input type="checkbox"/> 1-Mile Fun Walk \$ 10.00 | <input type="checkbox"/> 1-Mile Fun Walk \$12.00 |

GROUP OF 5 OR MORE PER person price for group discount.

- 10K Run \$20.00 5K Run/Walk \$15.00 1-Mile Fun Walk \$7.00

RACE FEE: \$ _____

PAPA VINO'S PASTA DINNER

_____ Adults \$5 Each \$ _____

_____ Child (12 and under) \$3 Each \$ _____

DONATION TO LOGAN (OPTIONAL) \$ _____

MICHIANA RUNNERS ASSOCIATION

_____ Yes - \$2.00 member discount

Code Word: _____

TOTAL: \$ _____

Payment Method

Check or Money Order

Please make payable to LOGAN's Run

Credit Card Visa Mastercard

CREDIT CARD INFORMATION:

Card# _____ Exp. Date: _____

Signature: _____

I cannot participate, but would like to sponsor a person(s) served by LOGAN for this event at \$25.00 per individual. Please accept my donation of \$ _____.

RETURN THIS PART OF THE FORM AND PAYMENT TO:

LOGAN's Run • Attn: Jill Langford • P.O. Box 1049 • South Bend, IN 46624
or fax to: 574-234-2075

Group registration forms must be submitted together.

For group registration info contact Jill Langford 574-289-4831 or email at: jill@logancenter.org.

Group members may participate in different events.

Waiver:

For and in consideration of my participation in LOGAN'S RUN, I for myself, executors, and heirs, do hereby release, discharge, and hold harmless Logan Community Resources, Inc, and the University of Notre Dame, and all sponsors and persons connected with this event of and from any rights and claims for any and all damages, losses or injuries to persons or property or both, which may be sustained by me or my dependents in connection with this event I attest and verify that I have full knowledge of the risks involved with this event, and am able to participate in this event. The medical committee reserves the right to shorten any event and cancel any event if the weather dictates. The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.

Entrant Signature: _____

Date: _____

Parent/Guardian: _____

Date: _____

(A Parent or Guardian's signature is required for Entrants less than 18 years of age)

LOGAN's Run is an event to benefit LOGAN Community Resources, Inc.