

GENESEE COUNTY START! HEART WALK & CRIM 5K — RACE DAY MAY 22, 2010

9:00am Start – Downtown Flint

Please fill out entire application.

One entry per person and event – May be copied

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LAST NAME

M	M	D	D	Y	Y

BIRTHDATE

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FIRST NAME

MI

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GENDER
M or F

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AGE ON RACE DAY

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ADDRESS (NUMBER AND STREET) C/O, APT, NUMBER, P.O. BOX, ROUTE NO.

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CITY

STATE

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U.S. ZIP CODE OR POSTAL CODE

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COUNTRY (IF OTHER THAN US)

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AREA CODE

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DAYTIME PHONE

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EMAIL: _____ (PLEASE PRINT LEGIBLY)

Please check desired event and enter fee on Line 1 of Order Blank:

EVENT	Until 5/12	5/13-5/22
<input type="checkbox"/> Crim 5K Run (Indicate shirt size on order blank) * Application needed for EACH family member	\$18	\$20
<input type="checkbox"/> Crim 5K Walk (Indicate shirt size on order blank) * Application needed for EACH family member	\$18	\$20

Both races are timed events

Packet pick up and late registration
at Crim Fitness Foundation Office
452 S. Saginaw St. Flint, MI 48502
Friday, May 21, 2010 11:00am - 6:00pm

*Awards will be given in both walk & run age groups

For race information go to www.crim.org

Race Day Registration and Packet Pick Up at U of M Pavilion 7:30 am - 9:00 am.

LIABILITY AND PUBLICATION RELEASE. APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE.

Please accept my entry in the 2010 Genesee County Start! Heart Walk & Crim 5K. I hereby state I have conditioned myself to participate in the event I have chosen. I, for myself, my executors, administrators and assignees, do hereby release and discharge the Genesee County Start! Heart Walk & Crim 5K, their officials, their sponsors and volunteers from damages, injuries, or expenses occasioned by my participation in the Genesee County Start! Heart Walk & Crim 5K. I also authorize Genesee County Start! Heart Walk & Crim 5K officials to utilize my photographs and video tape of my participation in the Genesee County Start! Heart Walk & Crim 5K for any and all purposes. By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legally bound thereby.

x _____
Applicant's Signature (Parent if athlete under 18) Date

MUST BE SIGNED!

Make Check payable to:

Crim Fitness Foundation
P.O. Box 981 Flint, MI 48501

FAX entries (810) 235-5311 charged to
Visa or Mastercard only.

Mastercard Visa

Account # _____

Name as appears
on credit card _____

Signature _____

Exp Date _____

A \$2 service fee will be added for FAX applications.
NO FAXED ENTRIES accepted after 11:59 pm,
May 17, 2010.

ORDER BLANK	AMOUNT ENCLOSED
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1. **Event Entry Fee** \$ _____

2. **5K Run/Walk**
(included in fee)
XS S M L XL XXL \$ _____
(circle one)

3. **Size XXL T-Shirt**
(additional \$2.00) \$ _____

4. **Fax Fee**
(\$2.00 Charge Orders Only) \$ _____

5. **Total Due**
US Funds Only
No Refunds
Non Transferrable \$ _____