

CRIM WHEELER APPLICATION — RACE DAY AUGUST 22, 2009

Please fill out entire application.

One entry per person and event – May be copied

LAST NAME										M M D D Y Y BIRTHDATE				
FIRST NAME										MI	GENDER M or F	AGE ON RACE DAY		
ADDRESS (NUMBER AND STREET) C/O, APT, NUMBER, P.O. BOX, ROUTE NO.														
CITY										STATE				
U.S. ZIP CODE OR POSTAL CODE														
COUNTRY (IF OTHER THAN US)														
AREA CODE			DAYTIME PHONE											

e-mail address _____

(Please Print Legibly)

T-Shirt Size (circle one)

S M LG XL **XXL**
(Add \$2)

Check One:

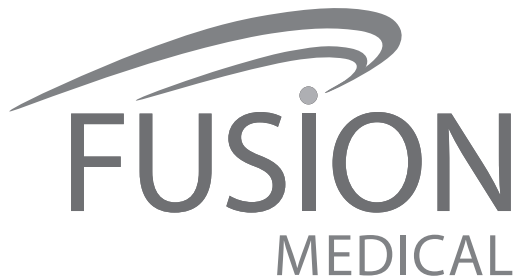
Para

Quad

Hand Cycle

EVENT	Before 7/25	7/26- 8/18	8/19- 8/21	Race Day* 22nd
Crim 10 Mile Wheeler	\$30	\$35	\$40	\$50

Crim 10 Mile Wheeler division is proudly sponsored by Fusion Medical



For More Wheeler Information

Visit www.crim.org



Visit Fusion Medical booth at the Crim Expo to pick up Wheeler packet and bib

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

Please accept my entry in the 2009 Crim Festival of Races. 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 Crim Fitness Foundation, its officials, its sponsors and volunteers from damages, injuries, or expenses occasioned by my participation in the Crim Festival of Races. I also authorize Crim Fitness Foundation officials to utilize my photographs and video tape of my participation in the Crim Festival of Races 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!

How many 10 mile Crims have you participated in? _____

Make Check payable to:

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

FAX entries to (810) 235-5311.

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, Wednesday, August 20, 2008.

ORDER BLANK	AMOUNT ENCLOSED
1. Event Entry Fee	\$ _____
2. Pasta Party Tickets	\$ _____
Qty _____ x _____ \$10 (Adults)	\$ _____
Qty _____ x _____ \$10 (Adults)	\$ _____
3. Size XXL T-Shirt (additional \$2.00)	\$ _____
4. Flint Journal Race Results (\$6.00)	\$ _____
5. Charitable Contribution	
• Crim Youth Development Program	\$ _____
• Area XIII Special Olympics Michigan	\$ _____
6. Fax Fee (\$2.00 Change Orders only)	\$ _____
7. Mizuno Technical Shirt Upgrade (\$12.00)	\$ _____
8.. TOTAL DUE	
US Funds Only — No Refunds — Not Transferable	\$ _____