

CRIM RACE APPLICATION

RACE DAY AUGUST 27, 2011

Please fill out entire application.
PLEASE PRINT CLEARLY!

	On or before 7/15	7/16 to 8/24	8/25 to 8/26
10 Mile Event	\$30	\$35	\$40
DIVISION (PLEASE CIRCLE ONE)			
Racing Wheel Chair	PARA	QUAD	
Hand Cycle	PARA	QUAD	

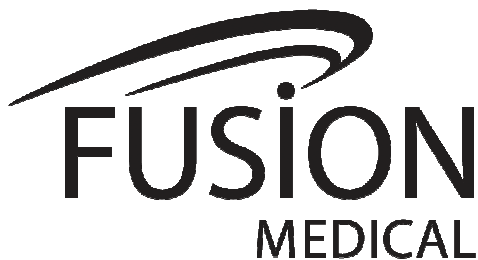


T-Shirt Size (circle one):

S M LG XL XXL (Add \$2)

No Race Day Registration

Crim 10 Mile Wheeler division is proudly sponsored by Fusion Medical



For More Wheeler Information Visit www.crim.org/race
Visit Fusion Medical booth at the Crim Expo to pick up your Wheeler packet and bib.

Last Name _____

First _____ MI _____

Birth Date: MM/DD/YY _____ Gender: Male Female

Age On Race Day: _____ Daytime Phone: (____) _____ - _____ ext. ____

Email Address: _____@_____._____

Street Address _____

Apt. Number _____ City _____

State _____ Zip _____ - _____ Country (if not U.S.) _____

How many Crims have you participated in? _____

LINE ITEM	Amount	Total
1. Event Entry Fee		
2. Crim Pasta Party Tickets Qty _____ x \$10 (Adults) Qty _____ x \$ 5 (Kids)	\$ _____ \$ _____	
3. Crim Race cotton race shirt Size XXL T-Shirt	\$2	
4. Crim Race Brooks Technical Upgrade Shirt XXL (add \$2)	\$15 \$17	
5. Flint Journal Race Results	\$6	
6. Charitable Contribution _____ Crim Youth Development Program _____ Area XIII Special Olympics Michigan	\$ _____ \$ _____	
7. Fax Fee (\$2.00 Charge Orders only)	\$2	
8. Total Due <i>US Funds Only No Refunds - Not Transferable</i>		\$ _____

Make CHECK payable to: Crim Fitness Foundation Mail to: Crim Fitness Foundation P.O. Box 981 Flint, MI 48501
FAX entries to (810) 235-5311 A \$2 service fee will be added for FAX applications. Faxed entries **will NOT BE ACCEPTED after 5 PM on AUGUST 24!**

Credit Card Info: Mastercard Visa

Account # _____ Exp. Date _____/_____/_____

Name as appears on credit card _____ Signature _____

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

Please accept my entry in the 2011 Crim Festival of Races and/or The Brooksie Way Half Marathon & 5k and/or the One Mile Family Fun Run/Walk. 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 and Oakland County Count Your Steps, Regents of the University of Michigan, their officials, their sponsors and volunteers from damages, injuries, or expenses occasioned by my participation in the Crim Festival of Races and/or The Brooksie Way Half Marathon & 5k and/or the One Mile Family Fun Run/Walk. I also authorize Crim Fitness Foundation and Oakland County Count Your Steps officials to utilize my photographs and video tape of my participation in the Crim Festival of Races and/or The Brooksie Way Half Marathon and/or the One Mile Family Fun Run/Walk 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 **THIS MUST BE SIGNED TO BE VALID!**