

2010 CELLCOM GREEN BAY 2.62 MILE "MINI MARATHON"

OFFLINE REGISTRATION FORM

THIS IS NOT A TIMED EVENT

PARTICIPANT INFORMATION

Participants MUST complete the entire form or the registration will NOT be processed.

FIRST NAME		LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS		GENDER (CIRCLE ONE) MALE FEMALE	
DAYTIME PHONE () -	BIRTHDATE MM / DD / YEAR	T-SHIRT SIZE (CIRCLE ONE) YOUTH XS YOUTH S YOUTH M YOUTH L ADULT S ADULT M ADULT L ADULT XL ADULT 2XL	
EMERGENCY CONTACT		EMERGENCY CONTACT PHONE () -	
OTHER INFO I would like to receive emails about the events. (Mark with "X") <input type="checkbox"/> Yes <input type="checkbox"/> No			

REGISTRATION FEES

	Regular Now-4/15/10	Late 4/16/10-5/9/10	Race Weekend	TOTALS
ADULT (18 & OVER)	\$20	\$25	\$25	
YOUTH (17 & UNDER)	\$15	\$20	\$20	\$ _____
PLEASE NOTE: There are NO REFUNDS <u>for any reason.</u>				
LAMBEAU FIELD PASTA DINNER TICKETS				
Adults	\$16 each x QUANTITY _____ =			\$ _____
Children ages 5-12 (age 4 & under eat free)	\$5 each x QUANTITY _____ =			\$ _____
GREEN BAY PACKERS HALL OF FAME TICKETS				
Adults	\$10 each x QUANTITY _____ =			\$ _____
Children ages 6-11 (age 5 & under enter free)	\$5 each x QUANTITY _____ =			\$ _____
COMMEMORATIVE EDITION NEWSPAPER				
Green Bay Press-Gazette Monday edition: \$2 each x QUANTITY _____ =				\$ _____
OPTIONAL CHARITY DONATION				
2010 Marathon charities are Boys & Girls Club, Cerebral Palsy, Inc. and Family Services. Suggested donation is \$1 per mile.				\$ _____
TOTAL.....				\$ _____

WAIVER: In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns waive and release any and all rights, claims, and causes of action I have or may have against The Cellcom Green Bay Marathon and its affiliates, their agents, employees, officers, directors, volunteer medical support, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as result of my participation in The Cellcom Green Bay Marathon and any pre and post-race activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I realize medical support for this event will consist primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and at the finish line. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.

SIGNATURE: _____ DATE: _____

**PLEASE MAIL THIS FORM WITH A CHECK IN THE AMOUNT OF THE TOTAL ABOVE TO:
Cellcom Green Bay Marathon - 1173 Lombardi Access Rd., Green Bay, WI 54304 - USA**