

2010 CELLCOM GREEN BAY MARATHON RELAY

OFFLINE REGISTRATION FORM

PARTICIPANT INFORMATION - 1 OF ___ (3, 4 or 5)

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 ON) MALE FEMALE	
DAYTIME PHONE () -	BIRTHDATE MM / DD / YEAR	T-SHIRT SIZE (CIRCLE ONE) S M L XL 2XL	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE () -	
TEAM NAME			
OTHER INFO			
Anticipated Pace (please circle one)	Sub 7:00	7:00-8:00	8:01-9
I would like to receive emails about the marathon relay.	Yes	No	
I would like to receive emails about the local Prevea Training runs.	Yes	No	
OPTIONAL CATEGORIES:	___ Clydesdale (Men 200lbs.+)	___ Athena (Women 160 lbs.+)	
(MARK WITH "X"):	___ Walker	___ Wheelchair (no hand cycles)	

REGISTRATION FEES

	Early Bird Thru 12/31/09	Regular 1/1/10-4/15/10	Late 4/16/10-5/9/10	Race Weekend	TOTALS
MARATHON	\$140	\$170	\$200	Will sell out	\$ _____
PLEASE NOTE: There are NO REFUNDS for any reason.					
LAMBEAU FIELD PASTA DINNER TICKETS					
<i>*NOTE: Marathon Relay entries do NOT include a free pasta dinner ticket.</i>					
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 include 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**

2010 CELLCOM GREEN BAY **MARATHON RELAY**

OFFLINE REGISTRATION FORM

PARTICIPANT INFORMATION - 2 OF ___ (3, 4 or 5)

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 ON)	
		MALE FEMALE	
DAYTIME PHONE		BIRTHDATE	T-SHIRT SIZE (CIRCLE ONE)
() -		MM / DD / YEAR	S M L XL 2XL
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	
		() -	
TEAM NAME			

OTHER INFO		
I would like to receive emails about the marathon relay.	Yes	No
I would like to receive emails about the local Prevea Training runs.	Yes	No
OPTIONAL CATEGORIES:	<input type="checkbox"/> Clydesdale (Men 200lbs.+) <input type="checkbox"/> Athena (Women 160 lbs.+)	
(MARK WITH "X"):	<input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair (no hand cycles)	

REGISTRATION FEES					
	Early Bird Thru 12/31/09	Regular 1/1/10-4/15/10	Late 4/16/10-5/9/10	Race Weekend	TOTALS
MARATHON	\$140	\$170	\$200	Will sell out	\$ _____
PLEASE NOTE: There are NO REFUNDS for any reason.					
LAMBEAU FIELD PASTA DINNER TICKETS					
<i>*NOTE: Marathon Relay entries do NOT include a free pasta dinner ticket.</i>					
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 include Boys & Girls Club, Cerebral Palsy, Inc. and Family Services. Suggested donation is \$1 per mile.					\$ _____
TOTAL.....					\$ _____

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2010 CELLCOM GREEN BAY MARATHON RELAY

OFFLINE REGISTRATION FORM

PARTICIPANT INFORMATION - 3 OF ___ (3, 4 or 5)

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FIRST NAME		LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS		GENDER (CIRCLE ON) MALE FEMALE	
DAYTIME PHONE () -	BIRTHDATE MM / DD / YEAR	T-SHIRT SIZE (CIRCLE ONE) S M L XL 2XL	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE () -	
TEAM NAME			

OTHER INFO

I would like to receive emails about the marathon relay. Yes No
 I would like to receive emails about the local Prevea Training runs. Yes No
 OPTIONAL CATEGORIES: ___ Clydesdale (Men 200lbs.+) ___ Athena (Women 160 lbs.+)
 (MARK WITH "X"):
 ___ Walker ___ Wheelchair (no hand cycles)

REGISTRATION FEES

	Early Bird Thru 12/31/09	Regular 1/1/10-4/15/10	Late 4/16/10-5/9/10	Race Weekend	TOTALS
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OPTIONAL CHARITY DONATION					
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TOTAL.....					\$ _____

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2010 CELLCOM GREEN BAY MARATHON RELAY

OFFLINE REGISTRATION FORM

PARTICIPANT INFORMATION - 4 OF ___ (4 or 5)
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STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS		GENDER (CIRCLE ON)	
		MALE FEMALE	
DAYTIME PHONE		BIRTHDATE	T-SHIRT SIZE (CIRCLE ONE)
() -		MM / DD / YEAR	S M L XL 2XL
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	
		() -	
TEAM NAME			

OTHER INFO

I would like to receive emails about the marathon relay. Yes No

I would like to receive emails about the local Prevea Training runs. Yes No

OPTIONAL CATEGORIES: ___ Clydesdale (Men 200lbs.+) ___ Athena (Women 160 lbs.+)

(MARK WITH "X"): ___ Walker ___ Wheelchair (no hand cycles)

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TOTAL.....					\$ _____

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OFFLINE REGISTRATION FORM

PARTICIPANT INFORMATION - 5 OF 5

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		() -	
TEAM NAME			
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