

# REGISTRATION Mi Great Buddy Walk - Sept. 30, 2017

Buddy Walk is a registered trade mark of the NDSS. Money raised from event will support NDSS and Above The Wake

## Carrollton High School - 11am to 1pm

Saturday, September 30, 2017

Carrollton High School Stadium - 3211 Carla Dr., Carrollton, MI. 48604

On site registration starts at 10:30am Walk and festivities starts at 11am

|                          |
|--------------------------|
| <b>OFFICIAL USE ONLY</b> |
| # _____                  |
| AMT. REC'D _____         |
| CHECK/M.O.# _____        |
| DATE REC'D _____         |

|                                   |                              |                      |
|-----------------------------------|------------------------------|----------------------|
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| First Name                        | Middle Initial               | Last Name            |
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| Male                              | Female                       |                      |
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| Date of Birth (month/day/year)    |                              | Age on race day      |
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| Estimated Finish Time             |                              |                      |
| <input type="text"/>              |                              |                      |
| Email Address                     |                              |                      |
| <input type="text"/>              |                              |                      |
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| Daytime Phone                     | Evening Phone                |                      |
| <input type="text"/>              |                              |                      |
| Street Address / Apartment Number |                              |                      |
| <input type="text"/>              |                              |                      |
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| City                              | State                        |                      |
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| Zip Code                          | Country (leave blank if USA) |                      |
| <input type="text"/>              | <input type="text"/>         | <input type="text"/> |
| Emergency Contact                 | Phone                        | Relation             |

|                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | <b>Individual Registration</b><br><i>Single participant</i>  | <b>\$5.00</b>  |
| <input type="checkbox"/> | <b>Family Registration</b><br><i>Immediate family only</i><br><small>Each person must fill out a mini registration/waiver form the day of walk.</small>  | <b>\$10.00</b> |
| <input type="checkbox"/> | <b>Group Registration</b><br><i>30 or more participants</i><br><small>Each person must fill out a mini registration/waiver form the day of walk.</small> | <b>\$50.00</b> |

Registration Sub-Total \$ \_\_\_\_\_

T-shirt Sub-Total \$ \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_**  
**NO REFUNDS.**

**Payment Information:**

Complete this form and mail with a check payable to  
**SCF/MI Great BuddyWalk**  
 Carrollton Community Education  
 3211 Carla Drive, Saginaw, MI. 48604.

Yes, I would like a tax deductible receipt

**Sponsored by**

Carrollton - Zilwaukee F.O.E. 4413  
 Saginaw Community Foundation MICS 8035



How did you hear of MiGreat Buddy Walk?  
 (check all that apply)

Friend     Previous Participant

Email     Newsletter

Radio     TV

Magazine

Other \_\_\_\_\_

**Waiver:** Signature Required (parent signs if under 18)

In consideration of me and/or my minor child being permitted to participate in the Buddy walk, I herby-for myself, my heirs and personal representatives-assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue The great lake bay region buddy walk committee, its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities. I also authorize the use by the Great Lakes Bay Region Buddy Walk Committee and The Carrollton Community Education of any photo, film, or videotape taken of me or my minor child at the event for any purpose.

Signature (Parent if under 18) \_\_\_\_\_