

Orient Express Run - Pre-Registration Form February 4, 2012 - Chinese Camp, CA

Name: (Please print)

Email address:

Address:

City/Zip:

Phone Number:

- | | | |
|--|----------------------------------|---|
| | Age | Poly Tech Shirt Size |
| <input type="checkbox"/> 1 - Mile Fun Run | <input type="checkbox"/> 14 – 18 | <input type="checkbox"/> Youth |
| | <input type="checkbox"/> 19 – 29 | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> 4 - Mile Run | <input type="checkbox"/> 30 – 39 | <input type="checkbox"/> Adult Medium |
| | <input type="checkbox"/> 40 – 49 | <input type="checkbox"/> Adult Large |
| Sex <input type="checkbox"/> Male | <input type="checkbox"/> 50 – 59 | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Female | <input type="checkbox"/> 60 – 69 | <input type="checkbox"/> Adult XX-Large |
| | <input type="checkbox"/> 70 - 79 | |
| | <input type="checkbox"/> 80+ | |

		Received by January 29, 2012 Includes a Poly Tech Shirt	Race Day Registration (Shirts if available)	Amount Enclosed
INDIVIDUAL	One Race	\$30.00	\$40.00	
	Both Races	\$40.00	\$50.00	
CHILDREN (13 & Under)	One Race	\$10.00	\$20.00	
	Both Races	\$15.00	\$30.00	
SPECIAL OLYMPIAN	One Race	\$10.00	\$10.00	
Donation to Special Olympics				
TOTAL				

Please make your check payable to: Sonora Sunrise Rotary Foundation

In consideration of acceptance of this entry I hereby for myself, my heirs, executors and administrators, release and hold harmless the Chinese Camp School, Sonora Sunrise Rotary Club, Tuolumne County Special Olympics and the other sponsors and their respective agents, contractors, employees and volunteers. From any and all claims and liabilities including but not limited to personal injury; resulting from my participation in the run I am aware that the run is conducted on public streets and assume the risk of vehicle and faulty street conditions. I agree to permit the free use off my name and likeness for any purpose connected with the run. I grant permission to administer first aid, and if necessary to take me to a local hospital for treatment. I also grant permission for necessary emergency treatment.

Participant Signature: _____ Date: _____
(Parent or guardian if under 18 years of age)

Mail to: 27th Orient Express Run
 c/o Sonora Sunrise Rotary
 Post Office Box 229
 Sonora, CA 95370