

Ghoulish Gallop Saturday, October 17, 2015 McKee Farms Park, Fitchburg www.ghoulishgallop.com

Registration Form

Mail this completed form with check payable to:
RASCW Housing Foundation 4801 Forest Run Road, Suite 101 Madison, WI 53704-7337
Race Entered: 5K Run 10K Run 5K Irv Stein Memorial Walk
First Name:
Last Name:
Male Female Birthdate:
Email Address:
Daytime Phone: ()
Address:
City:
State: Zip:
Short Sleeve Tek T-shirt in Adult (Men's) Sizes: X-Small Small Med Large X-Large XX-Large No T-shirt Needed
I hereby release the REALTORS [®] Association of South Central Wisconsin, the REALTORS [®] Association of South Central Wisconsin Housing Foundation and their employ ees and agents and any other people officially connected with this competition from all liability for any injuries of damages which I or my child(ren) might suffer. Specifically I release said persons from any liability or responsibility fo my or my child(ren)'s physical condition, for the condition of course route and for the presence or actions of any othe participants. I authorize photos and/or video taken of me o my child(ren) at the event to be used in promotional mater rial without notice or compensation. Participants under ag 18 must have parent or legal guardian sign this form.
Signature:
Date:
Please tell us where you received this brochure:
race#