



Saturday, June 14, 2008
Ludington Park

INDIVIDUAL REGISTRATION/DONATION

Pre-register by **May 31, 2008** for a reduced rate and a guaranteed T-shirt or Water Bottle!

Check here for donation only

Names: Adults: _____

Children: _____

Register your immediate family on a single form. Non-family members must complete a separate form.

Address: _____

Phone: _____ E-mail: _____

Each participant may select either a t -shirt or water bottle. Please check one.

T-shirt (indicate quantities below):

Adult: ___ S ___ M ___ L ___ XL ___ 2XL

Youth: ___ YXS(2-4) ___ YS(6-8) ___ YM(10-12) ___ YL(14-16) ___ YXL (18-20)

Water bottle(s). Indicate quantity: ___

None of the above.

*** FOR KIDS ONLY! Kids' Ride** - kids can bring their bikes, scooters, skates, or skateboards for a separate, adult-guided tour around the park. Helmets are required.

Pre registration fees (by May 31st):

After May 31st, please register on site. On-site registration fees will be \$25 adults, \$10 children

Number of adults: ___ (x \$20) \$ ___

Number of kids (15 and under): ___ (x \$10) \$ ___

Total registration fee(s): \$ ___

Donation(s): \$ ___

Please acknowledge additional donors on page 2.

Total enclosed: \$ ___

All proceeds from this fundraising activity benefit Marquette General Foundation, and are earmarked exclusively for the Upper Michigan Brain Tumor Center at Marquette General Hospital.

Make check payable to:

Walk in the Park/Marquette General Foundation

Return to:

Walk in the Park
P.O. Box 19133
Kalamazoo, MI 49019

WALKERS: Please read waiver and sign below. We cannot accept unsigned entries.

In consideration of the acceptance of my entry for the Don McInnis Memorial Walk in the Park for Brain Tumor Research (hereafter "Walk in the Park"), I hereby release, on behalf of myself, my heirs and assigns, Upper Michigan Brain Tumor Center, Marquette General Foundation, City of Escanaba, Walk in the Park and any volunteers, sponsors, organizers, officers, agents and employees of the aforesaid from any and all claims, demands, damages, actions, or rights of action of any kind or nature, including but not limited to injuries to person or damages to property, arising out of or in any way related to my participation in the Walk in the Park. I also grant permission to the foregoing to use any photographs, motion pictures, recordings or other records of this event for any legitimate purposes.

Signature of registrant

Date

Parent or guardian signature

Date

(on behalf of registrants under 18 years of age)

Signature of registrant

Date

ADDITIONAL DONORS

*Ask friends and family to support you with a donation.
Attach additional pages as needed.*

1. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

6. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

2. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

7. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

3. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

8. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

4. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

9. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

5. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

10. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____