Community First Fox Cities Marathon
REGISTRATION FORM

This form may be duplicated.

You can also register online at
www.foxcitiesmarathon.org

Check your race:	Registration thru 08/31/08	Registration 09/01/08 - 09/21/08	Race Day
☐ **Marathon**	$55	$70	—
☐ **Half Marathon**	$45	$60	—
☐ **Relay Marathon**	$150	$190	—

☐ I'm The Team Captain ☐ I'm a Team Member

Team Name: _____

Total Number on Team: ☐ 2 ☐ 3 ☐ 4 ☐ 5

Team Division:
☐ Male ☐ Female ☐ Mixed ☐ Corporate

Relay teams should complete separate registration forms for each team member and staple together with full payments.

Check your race:	Registration thru 08/31/08	Registration 09/01/08 - 09/21/08	Race Day
☐ **PowerWalk**	$45	$60	—
☐ Competitive ☐ Non - Competitive			
☐ **Kids Fun Run**	$8	$8	$10

($1 from each registration will be donated to Special Olympics Wisconsin)

☐ **5K Run/Walk**	$18	$20	$20

Choose Your Charity:
At least $5 of your entry fee for the Time Warner Cable 5K Run/Walk benefits the charity of your choice. Please select a charity:

☐ Alzheimer's Association ☐ Veterans Memorial Museum (Oshkosh)
☐ Special Olympics

(If no charity is selected, donations will be evenly distributed between all charities.)

Entry fees are non-refundable and bib numbers are non-transferable

Name _____

E-mail _____ **Phone** ___ ___ _____

Address _____ **Apt.** _____

City _____ **State** _____ **Zip code** _____

Birthdate (required) ___/___/___ **Age on Race Day** _____ ☐ **Male** ☐ **Female**

Emergency Name _____ **Emergency Phone** _____

Employer _____ **School Name** _____

Do You Plan To: ☐ **Run** ☐ **Walk** ☐ **Wheelchair** (Marathon Only) ☐ **Handcrank** (Marathon Only)

Shirt Size: ☐ **S** ☐ **M** ☐ **L** ☐ **XL** ☐ **XXL**

Child's Sizes: ☐ **4-5 XS** ☐ **6-7 S** ☐ **8-10 M** ☐ **12-14 L** ☐ **16-18 XL**

☐ **I would like to be a** American Cancer Society **Charity Runner! Please contact me!**

Payment Type: ☐ **Cash** ☐ **Check** ☐ **MC** ☐ **VISA**

CC# _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_____ ___/___
(please print name as it appears on card) (expiration date)

✗ _____
(sign for authorization of use of card)

Payment Info

Make checks payable to:
Fox Cities Marathon

Mail payment and completed form to the address below by 9/11.
Do not mail after 9/5.

You can also deliver in person by 9/17.

(by mail) P.O. Box 1315
(in person) 2616 S. Oneida St.
Appleton, WI 54912-1315

LIABILITY AND PUBLICITY RELEASE Release of Responsibility: I know that running a marathon is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this release and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Marathon Board of Directors, all municipal corporations or entities within where the Marathon is conducted, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant to the Fox Cities Marathon and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion or other account of ths event.

✗ _____
Entrant Signature (Parent/Guardian if participant is under the age of 18) Date

Entry Fee (see table at top) $_____

Newspaper Coverage ($8) $_____

Charity Donation $_____

☐ Alzheimer's Association
☐ Special Olympics
☐ Veterans Memorial Museum (Oshkosh)

Total $_____