

Entry Form

Register Today!



A separate form is needed for EACH 5K participant.

Please photocopy as needed.

Name: (last) _____ (first) _____

E-mail (required): _____

Male Female Birthdate: ____/____/____ Age on July 26, 2009: _____

Address: _____ City: _____

State/Zip: _____ Daytime Phone: _____

Individual and Family Entry Fees

Family is limited to immediate family of 5 or less. A separate form is required for each family member and must be turned in together.

	Individual	Family	Total
On or before July 16:	\$20 per person	\$50	\$ _____
July 17 - July 25:	\$25 per person	\$55	\$ _____
Race Day Late Registration:	\$30 per person	\$60	\$ _____
		Sub-total:	\$ _____
		Additional Donation To Ele's Place:	\$ _____
		TOTAL AMOUNT ENCLOSED:	\$

PLEDGES: I will be collecting and submitting pledges on or before race day to waive my entry fee (see minimums). My goal is to collect: _____

Chronotrack D-Tag Timing System: All 5K participants must wear the provided D-Tag to be scored.

I would like information about the following:

- I am unable to walk/run, but would like to VOLUNTEER at Ele's Race
- I would like more information on becoming a SPONSOR of this event
- I am unable to attend, but enclosed is my DONATION of \$ _____

Shirt Size: (not guaranteed)

Child: SM MED LG
 Adult: SM MED LG XL XXL

Keep the shirt(s) and keep the money for Ele's Place

Ele's Race Waiver (required)

I know that running/walking a road race is a potentially hazardous activity and I should not enter this event unless I am medically able and properly trained. I assume all risks associated with participating in this event. In consideration of your accepting my entry, I for myself, my children and anyone entitled to act on my behalf, waive and release Ele's Place, Jackson National Life Insurance Company and its directors, officers, agents and employees, Ingham County, Township of Alaedon, and all other sponsors from all claims of liabilities of any kind arising out of my/my children's participation in this event, or which may arise out of traveling to and/or returning from this event. I also authorize Ele's Place officials and Jackson National Life Insurance Company to utilize any photographs and videotapes of myself/our family participating in Ele's Race for any and all purposes accordingly. I have carefully read, clearly understand and voluntarily sign this waiver of liability.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian if under 18 _____

Please make checks payable to **Ele's Place**. Mail entry form and fee to:
 Ele's Place • 1145 W. Oakland • Lansing, Michigan 48915
 Please mail by July 16 to assist with T-Shirt ordering.

