



Continental Societies, Incorporated Greater Miami Chapter

In association with



5th Annual 5K Walk/Run for Asthma

Zoo Miami

Saturday, January 22, 2011



REGISTRATION FORM

PLUS...

**Health and Wellness Fair
Vendors
Food
Kidz Zone
FUN for All Ages**



**Blow the
Whistle
on Asthma!**



REGISTRATION FORM

Please feel free to make additional copies
Bring this form with you when you walk!

Saturday, January 22, 2011 Registration: 6:30 AM Run 7:50 am ~ Walk 8:00 am
Zoo Miami ~ 12400 Southwest 152 Street Distance: 5 Kilometers (3.1 miles)

Registration Fee: \$25 before January 9th ~ \$27 Jan. 9th-20th ~ \$30 Onsite

SLEEP IN: \$30.00 (includes a FREE T-Shirt) MUST PRE-REGISTER to receive T-shirt
Tot Walk/Run \$10.00 ages 2-9 starts at 9:45 am

REGISTRATION FEE includes spending the rest of the day at the ZOO!

To register, please complete
this form or online at

<http://www.greatermiamicontinentals.com>

PLEASE PRINT

Continental Rep: _____

Walker's Name: _____

Address /Apt No.: _____

City / State/ ZIP _____ T-shirt Size: M L XL 2XL 3 XL

Contact Number: (H) _____ (W) _____ (C) _____

EMAIL Address: _____

Company /School /Club/Organization /Team Name: _____

SPONSOR NAME	PHONE	AMT REC'D	EMAIL
SAMPLE - Jane Walker	123-456-7890	\$30.00	walker@walk.com
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make checks payable to: **Continental Societies Inc Greater Miami Chapter** Total: _____
GRAND TOTAL ALL PAGES: _____

RELEASE (MANDATORY)

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your event on the behalf of myself, my heirs, executors, administrator and assigns, I hereby waive and release any and all rights and claims for damages of all kinds which I may have against you, the organizations of the event, governmental entities through which the event will take place, as well as any and all injuries or losses of any kind from injuries which I may suffer while taking part in the event or as a result thereof. Permission is also given for the use of photography or videography as the event organizations deem necessary.

WALK PARTICIPANT SIGNATURE _____ DATE _____
PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Continental Societies, Inc. Greater Miami Chapter is a non-profit 501(c)3 organization EIN# 31-1811062. Chapter 496, Florida Statutes, the Solicitation of Contributions Act Registration # CH24280. A copy of the Official Registration and Financial Information may be obtained from the division of consumer services by calling toll-free 800-435-7352 within the state. Registration does not imply endorsement, approval or recommendation by the state.

CORPORATE PARTNERS *previous years*



Event Management Firm