

ENTRY FORM

Name: _____

Address: _____

City/State: _____

Zip Code: _____ Age:(as of 10/09/06) _____

T-Shirt Size: Small Med. Large X-Large

(Note: T-Shirt availability on Race Day is on a first come, first-served basis.)

Enter me in the :

10K Run 5K Run 1K Walk

YES! I will support the Magic Mile '06

Please count me as a registered walker.
I'll see you on Saturday, October 21th.

Sorry, I'm unable to join you this year, but I want to support this event. Enclosed is a tax-deductible contribution of \$ _____ towards your goal. Good Luck!

I'd like to organize a team of walkers.
Please send me team information.

Please Call me to volunteer.

Name: _____

Address: _____

City/State/Zip: _____

Phone (day): _____

Check Enclosed: \$ _____

WAIVER STATEMENT

(Sorry, we cannot accept your entry without valid signatures.)

I understand that participation in the Magic Mile Run may result in serious injury or illness. In consideration of my entry, I myself, my heirs, executors and administrators do hereby release and discharge the Coastal Bend AIDS Foundation and all sponsors of this event from any and all claims in the said event. I certify that I am physically fit and trained to participate in the event. I also give my permission to use my likeness in any photographs or videotapes that may be used to promote the event.

Entrant's Signature:

Signature of Parent or Guardian (if entrant is under 18)

Date: _____