

RACE # _____ (10/23/10)

**KNOBSTONE TRAIL MINI
RACE/WALK
October 23, 2010 ENTRY FORM**

Name _____

Address _____

City _____ St _____ Zip _____

E-Mail: _____

Age _____ Sex _____ Phone (____) _____ - _____

Check Event/Distance:

____ Mini ____ 10 Mi ____ 10K ____ 5K

Event Donations:

____ \$15 Registration Donation (No T-shirt)
(Day of Race= \$25)

____ \$25 Registration Donation (With T-shirt)
(Day of race= \$35).

____ \$10/\$20 HHC Member Rate

____ **\$25 Family Rate; T-shirts \$10 each
additional ****
(Partner, children/grandchildren; \$40 DOR)

Check T-Shirt Size(s): __S __M __L __XL __XXL

____ **\$25 Hikers Council membership (optional)**

____ TOTAL

WAIVER: In consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Indiana Track Club, the Hoosier Hikers Council, the Indiana Department of Natural Resources, the Counties of Morgan and Monroe, all sponsors and their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities.

EMERGENCY PHONE #: _____

Signature _____

****PLEASE DUPLICATE AND FILL OUT THIS FORM FOR EACH FAMILY MEMBER FOR FAMILY RATE REGISTRATIONS.**

**PLEASE MAIL CHECK TO: THE HHC,
P.O. BOX 1327, MARTINSVILLE, IN 46151.**