

May 18<sup>th</sup> & 19<sup>th</sup>, 2002

Printable Registration Form  
(Complete and sign one)

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

T-shirt Size (Circle)

Small      Medium      Large      X-Large

\_\_\_\_\_ Enclosed is a check for \$75.00 (Entry Fee)

\_\_\_\_\_ Additional pledges and contributions, tax deductible

Make all checks payable to the American Cancer Society  
and mailed to Jane Crowther, 713 ½ Washington Street,  
Marietta, Ohio 45750

Waiver: In consideration of acceptance of this entry, I waive all claims for myself, my heirs and assigns against the sponsors, promoters, or officials due to injury or illness which may result from my participation. I attest and verify that I have full knowledge of the risk and involved in this event. I am physically fit, and sufficiently trained to participate. I have read the above statement, I understand it, and my signature confirms its full acceptance.

Signature \_\_\_\_\_ Date \_\_\_\_\_