

Big Smiles 5K Run/Walk Saturday, July 2nd, 2016

New Buffalo, MI ~ Lions Pavilion

Part of the Harbor Country Fitness Series
Three 5K Run/Walk Events (July 2nd, Aug. 13th, & Oct. 8th)



REGISTRATION FORM				
Name:				
Date of birth:	Age:	Phone:		Gender: M () F ()
Address:		'	Email:	
City:		State:		ZIP:
Category: 5K Run () 5K Wa	12&Under ()	T-Shirt Sizes (Youth): XS () Small () Med () Large ()		
T-Shirt Sizes (Adult): XS () Small () Med () Large () XL () XXXL ()				
*Deadline for t-shirts is 6/25/16, if you register			ter this date we cannot guarantee a t-shirt, thank you!	
Emergency Contact Name:		Emergency Contact Number:		
WAIVER				
assigns, waive and release any and all rights, claims and courses of action I have or may have against the Big Smiles 5K Run/Walk, The Dreaming Big Fund, The Logan Center, their agents, employees, officers, directors, successors, assigns, Road Runners Club of America, Epic Race Timing LLC, City of New Buffalo, the Park District, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Big Smiles 5k Run/Walk and any pre- and post- event activities. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.				
PAYMENT INFORMATION				
ADULTS (13 & OVER) - \$30 KIDS (12 & UNDER) - \$20				
Payment Method: Cash () Check () Kiosk–Race Day () *Please make Checks out to the Dreaming Big Fund, Inc.				
CHECK Name on Check:				
HARBOR COUNTRY FITNESS SERIES – DISCOUNT				
Big Smiles 5K - 7/2/16		Ship N Shore S	huffle 5K – 8/13/16	Harvest & Wine Hustle 5K – 10/8/16
Receive a discount by registering for all 3 races, and receive a long sleeve event t-shirt upon completion, and entrance in a race.				
Adults (13 & Over): \$75 () Kid		Kids (12 & Und	er): \$50 ()	Deadline: 7/2/16 @ 8am EDT
ADDITIONAL DONATION				
Additional Donation Amount: Total: \$20/\$30 + Additional Donation:				
SIGNATURES				
I authorize the verification of the information provided on this form and agree to the above waiver by singing this form.				
Signature of participant:		Date:		
Signature of legal guardian if participant is younger than 18:				
FOR INTERNAL USE ONLY				
Count: Date and Time Registered:				
Bib Assignement:				

Proceeds from the Big Smiles 5K Run/Walk benefit the Dreaming Big Fund and the Logan Center, organizations that support those with autism to achieve the quality of life they desire. Thank you for running with us!