

Register Early to guarantee your chances of receiving one of the colorful "Hike for a Cure" T-shirts.

**Early Bird Rate:** \$20 registration fee until April 14. You will receive a shirt if you register by this date.

**Standard Rate**: Starting April 15 registration fee will be \$25. There's no guarantee on the t-shirts if you register after April 15.

## **Day of Event Information**

Hikers should arrive on the MCC campus around **9am Saturday, May 6** to sign in and receive their t-shirt and other trail information. The hike will start promptly at 10am. A water station will be available. This is not a race, but we do ask you complete the hike if at all possible no later than noon.

Contact Tammy Owens at <a href="mailto:owenst@montgomery.edu">owenst@montgomery.edu</a> or (910) 898-9614 or Amy Frieary at <a href="mailto:friearya@montgomery.edu">friearya@montgomery.edu</a> or (910) 898-9709 if you have any question.

o. (310) 030 3703 y	ou nave un	, questioni					
Please su	ıbmit reg	istration fo	orm by /	April 14	to be guara	nteed an event t	-shirt
Drop off or mail in y	our regist	ration form a	long with	n your che	eck to:		
MCC Relay for Life 1 Attention: Amy Frie 1011 Page Street Troy, NC 27371		nmy Owens					
Name:							
Age the day of the race		Se	x	_ Phone:			_
	<b>16</b> y	ears and yo	unger mı	ust be acc	ompanied by	an adult	
Address:							_
City:		State:		Zip: _		_	
Email address:						_	
ļ	Please circ	le your shirt	size so w	e are sur	e we get you f	the correct size	
Adult Shirt sizes:	Small	Medium	Large	XL	2XL		
WAIVER: I know that able and properly trand knowing these entitled to act on mof Troy, North Carokind arising out of me on this hike or a	rained. I as facts and i by behalf, v lina, all spo ny particip	sume all risk n considerati vaive and rel onsors, their ation in this	s association of you ease the represen	ted in par ur accepti event coo tatives ar	ticipating in th ng my entry fe ordinators and nd successors,	iis event. Having rea ee, I, for myself, and Montgomery Comr for all claims or liab	ad this waiver I anyone munity College ilities of any
Print Name of Partic	cipant:						_
Participant's Signature:				Parent/Guardi	an		
If under the age of '	16 narent (	or guardian n	nust sign		Date		