



Alexa's Hope - Registration Form

(Please Print)

(Please Print)

Today's date:

PARTICIPANT INFORMATION

| | | | | | | |
|------------|--------|---------|---|---|------|-------------|
| Last name: | First: | Middle: | <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | Age: | Birth date: |
|------------|--------|---------|---|---|------|-------------|

| | | |
|-----------------|---|---------------|
| Street address: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Phone: () |
|-----------------|---|---------------|

| | | | |
|-----------|-------|--------|-----------|
| P.O. box: | City: | State: | ZIP Code: |
|-----------|-------|--------|-----------|

Email Address:

| | | | |
|--|--|--|---|
| Fees & Races: \$25.00 registration fee per person applies to all races and is credited towards fundraising efforts. | <input type="checkbox"/> 5K | <input type="checkbox"/> Marathon 2 Person Relay | <input type="checkbox"/> Kid's 1/2 Mile |
| | <input type="checkbox"/> 10K | <input type="checkbox"/> Marathon 4 Person Relay | <input type="checkbox"/> Kid's 1.2 Mile |
| | <input type="checkbox"/> Half Marathon | | |
| | <input type="checkbox"/> Full Marathon | | |

Note: Registration fees are non-refundable and non-transferable

Training Shirt Ordering Information:

(Adult Sizes Only)

| | | | | | |
|----------------------------------|--------------------------------|---------------------------------|--------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> X-Small | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large | <input type="checkbox"/> XL | <input type="checkbox"/> 2XL |
|----------------------------------|--------------------------------|---------------------------------|--------------------------------|-----------------------------|------------------------------|

PAYMENT INFORMATION

| | | | |
|--|--|------------|----------|
| <input type="checkbox"/> Cash/Check Enclosed Check # _____ | <input type="checkbox"/> Credit Card: * Sorry, unable to accept credit cards at this time. | | |
| | Circle One: | | |
| | Visa | MasterCard | Discover |
| <input type="checkbox"/> Online Confirmation # _____ (Must be registered for the Fargo Marathon) | Card # _____ | | |
| | Exp: _____ | | |
| | Name (as it appears on card) _____ | | |

IN CASE OF EMERGENCY

| | | | |
|-------------------------|---------------|--------|-------------|
| Emergency Contact Name: | Relationship: | Phone: | Alt. Phone: |
| | | () | () |

Waiver: In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors and administrations, wave any and all rights, claims, and damages I have against Alexa's Hope, the sponsors, coordination groups, City of Fargo, Fargo Marathon, Inc., and any individuals associated with the said event. Also, none of the above is responsible for neither the loss of personal items nor aggravation with said event. I also give permission for free use of my name and picture in any broadcast, telecast, or print media account of the event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. I also understand that all registration fees are non-refundable and non-transferable and the changing of races is prohibited. If you are under 18 years of age you MUST have the signature of your legal guardian to participate in this event. In addition, I will do my best to obtain sponsors who will support my efforts as a Go Far Charity Team member for Alexa's Hope.

| | |
|--------------------------------|-------|
| _____ | _____ |
| Participant/Guardian signature | Date |

MAIL Registration form to:

Alexa's Hope
Attn: Fargo Marathon Charity Team
1629 Ash Place
West Fargo, ND 58078

Register ONLINE at:

<http://www.razoo.com/story/Alexas-Hope>