

Traverse City Film Festival Costume 5k

sponsored by



Saturday July 31, 2010 @ 6:00_{pm}

Race Start: Northwestern Michigan College (NMC) Campus

Race Finish: On the Red Carpet at the State Theatre

Distance: 5k (3.1 miles) Costumed Street Race

Prizes: Best Costumes, Best Times

Entry Fee: Pre-registration (on or before July 30, 2010) \$20/person

\$60/family (up to 4 racers)

Race Day Registration \$25/person

\$75/family (up to 4 racers)



Please Print Legibly

Racer #1 Name _____

Street _____

City, State ZIP _____

Phone _____ Email _____

Male _____ Female _____ Age on 7/31/10 _____ Birthdate _____

Racer #2 Name _____ Male _____ Female _____

Email _____ Age on 7/31/10 _____ Birthdate _____

Racer #3 Name _____ Male _____ Female _____

Email _____ Age on 7/31/10 _____ Birthdate _____

Racer #4 Name _____ Male _____ Female _____

Email _____ Age on 7/31/10 _____ Birthdate _____

PAYMENT • NO REFUNDS • Checks in US funds payable to: Traverse City Film Festival Mail to: TCFF • PO Box 4064 • Traverse City, MI 49685 • www.traverscityfilmfest.org • Fax: 231-929-4263			
Amount Enclosed: \$ _____	MasterCard _____	VISA _____	AMEX _____ Discover _____
Card # _____	Expiration _____	Security Code _____	
Name on Card _____	Signature _____		

WAIVER: I know that participating in this run is potentially hazardous. I should not enter unless I am medically able and properly trained. I also assume any and all risks associated with this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the roads and traffic, all such risks being known and appreciated by me. Knowing these facts and in consideration of my accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Traverse City Film Festival, City of Traverse City, Northwestern Michigan College, the sponsors of this event, and their agents, representatives, successors, and assignees. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant's Name Printed (if less than 18 years, Parent or Guardian) _____

Participant's Signature _____

Date _____

REGISTRATION FORM