

PLEASE PRINT CLEARLY

Name (lastname / firstname)

Mailing Address

City

State

Zip Code

Birth Date

Home Telephone

E-Mail Address

Signature _____ Date _____

I assume all risk associated with including but not limited to falls, contact with other participants, the effects of weather, traffic, all risk being known and accepted by me. Therefore I waive and release any and all rights and claims against the City of Des Moines and officials, Iowa Homeless Youth Centers the Governor's Cup directors, sponsors, supporters, and all people involved with this event. I attest that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained.

MAIL TO: Iowa Homeless Youth Centers, 1219 Buchanan Des Moines, IA 50316
Make checks payable to Iowa Homeless Youth Centers

Age

Sex

5K Run/Walk M/F

\$25 (thru 8/21/10)

\$30 (after 8/21/10)

8K Run

\$25 (thru 8/21/10)

\$30 (after 8/21/10)

Centipede

\$25 each (thru8/21/10)

\$30 each (after 8/21/10)

Centipede Team Name

Select your shirt size at packet pick-up. Shirt size not guaranteed.

Donation: I would like to support Iowa Homeless Youth Centers but am unable to participate