Michigan Blood
MI blood saves lives.

moonlit miles for marrow

Good cause to be outside past your bedtime.

BIB NUMBER

Race Entry Form

1 CHECK THE EVENT YOU ARE ENTERING

- ☐ 15K Trail Run
- ☐ 5K Run/Walk

NO REFUNDS OR TRANSFERS
ONE PARTICIPANT PER ENTRY FORM

3 LAST NAME

4 FIRST NAME

M.I.

5 STREET ADDRESS/APARTMENT NUMBER

6 CITY

7 STATE

8 ZIP CODE

9 DATE OF BIRTH (Month / Day / Year)

10 AGE (ON 7/8/2011)

11 SEX M/F

12 SHIRT SIZE ☐ S ☐ M ☐ L ☐ XL ☐ XXL

13 TELEPHONE NUMBER

14 E-MAIL ADDRESS (PLEASE PRINT)

15 Moonlit Miles For Marrow – NO REFUNDS, TRANSFERS

- ☐ **$40 15K Trail Run**
- ☐ **$23 5K Run/Walk**

TOTAL $ _____

PAYMENT METHOD

CASH ☐ CHECK # _____ MC ☐ VISA ☐ DISC ☐

ACCOUNT NUMBER

EXPIRATION DATE ☐☐ – ☐☐ SECURITY CODE ☐☐☐

X _____
SIGNATURE OF CARDHOLDER

Please Note: All credit card charges will reflect a purchase from Snap Registration. Service charge may be applied to your registration.

Make checks payable to: Snap Registration
2335 Burton Street SE, Suite 170 - Grand Rapids, MI 49506
Email: racedirector@Moonlitformarrow.com

16 THE MOONLIT MILES FOR MARROW WAIVER - REQUIRED

I know that running a trail race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking this event including, but not limited to, falls, contact with other participants, the effects of the weather, traffic and conditions of the trail and road, all such risks being known and appreciated by me. Having read the waiver and knowing these facts and in consideration of your accepting my entry, I for myself and any entitled to act on my behalf, waive and release Michigan Blood, Klackle's Orchards & Pavillion, Synergy Marketing Solutions, Metro Health Sports Medicine, Gazelle Sports and the city of Greenville, the county of Montcalm and all other sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event. I grant permission to all of the forgoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

X _____
SIGNATURE OF APPLICANT DATE

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN - FOR PARTICIPANTS UNDER 18 YEARS OF AGE DATE

WAIVER MUST BE SIGNED TO BE PROCESSED