Name (last name/first name) ****ONE WALKER PER FORM PLEASE!!**

Mailing Address (include apt. no.)

City **State** **Zip Code**

Shirt Size (Circle One)

Youth: XS S M L

Adult: S M L XL 2X 3X

Email Address

Release & Waiver (must be signed to participate): In consideration of acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, waive & release any & all rights & claims for damages I may have or thereafter accrue to me against all sponsors, contributors, and individuals associated with the event, its agencies, representatives, successors & assigns for any & all injuries suffered by me, while taking part in the event. I attest and verify that I have full knowledge of the risks involved in this event & I am physically fit & sufficiently trained to participate in the event. I give my permission for the free use of my name and picture in a broadcast or print media account of this event.

Signature of Applicant _____ Date _____

Signature of parent if under the age of 18 _____ Date _____

Enclose entry fee with this form.
Mail to: Iowa SIDS Foundation
406 SW School Street, #205
Ankeny, IA 50023

Make checks payable to:
Iowa SIDS Foundation

Questions regarding registration may be directed to 866-480-4741 or info@iowasids.org.

LOCATION (check one)

___ Ankeny (DM)
___ Cedar Rapids
___ Chariton
___ Mason City
___ Quad Cities
___ Sioux City
___ Washington
___ Not Walking

Walking in Memory of: _____

Registration Fee:

Postmarked BEFORE 8/18/11:
Adult Registration $25 _____
Reg. w/long sleeve tee $35 _____
(Long sleeve tees are available in adult sizes for those that pre-register by August 5th ONLY!)
Youth Registration $10 _____

Postmarked on or AFTER 8/18:
Adult Registration $30 _____
Youth Registration $12 _____

Shipping (if NOT walking) $3 _____
Donation to ISF _____

Total _____