

CELTIC WARRIOR RUN MAIL-IN REGISTRATION

MUST BE RECEIVED BY TUESDAY, SEPTEMBER 4TH, 2018



PRICE SCHEDULE

First 100 To Register
 5K Walk/Run - \$30
 Warrior Mile - \$25
 Warrior Dash Kids Run - \$10

August 1- September 7th
 5K Walk/Run - \$35
 Warrior Mile - \$30
 Warrior Dash Kids Run - \$15

September 8, 2018 – Run/Walk Day
 5K Walk/Run - \$40
 Warrior Mile - \$35
 Warrior Dash Kids Run - \$20

Last Name		First Name	
Address	City	Zip Code	State
E-mail Address		Phone Number	
Age On Race Day	Birth Date (mm/dd/yyyy)	Gender	Male Female

CUSTOM SCARF

NOT INCLUDED FOR KIDS RUN

EMERGENCY CONTACT INFO

Full Name	
Phone Number	Relationship To You

CHOOSE YOUR EVENT

5K Run W/ Custom Scarf

5K Walk W/ Custom Scarf

Warrior Mile W/ Custom Scarf

1/4 Warrior Dash Kids Run (12 & Younger - DOES NOT INCLUDE SCARF)

Amount \$ _____

MAIL-IN REGISTRATION WITH CHECKS PAYABLE TO:
 Ultimate Fun Runs
 23315 Woodward Ave. Ferndale, MI 48220
 Fax Number: 248-543-3771

Full Payment & Completed Form MUST BE RECEIVED BY TUESDAY, SEPTEMBER 4TH
YOU MAY HAND DELIVER BY MONDAY, SEPTEMBER 3RD

REFUND POLICY: NO REFUNDS unless you have been double charged or accidentally signed up more than once.
NO REFUNDS DUE TO WEATHER CONDITIONS

Questions? Visit our website at CelticWarriorRun.com or call our office at 248-543-1000

September 8, 2018 – Run/Walk Day
 5K Walk/Run - \$40
 Warrior Mile - \$35
 Warrior Dash Kids Run - \$20

CELTICWARRIORRUN.COM

RELEASE FORM

Only Complete Entry Forms Accepted
 APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE

“By indicating your acceptance signature, by registering, you understand, agree, warrant and covenant as follows:

I hereby release and hold harmless on behalf of myself, my child and/or representatives of Ultimate Fun Runs, LLC, The Social Connection, City of Berkley and all event sponsors and organizers from liability for injuries or damages which I or my child may sustain while participating in this activity even if the injuries are caused by the sole negligence of the City or the sponsors or event organizers. I understand that I am responsible for medical coverage for me and my child.”

Athlete Signature (or parent, if under 18):
 Signature Required

Date

PLEASE ONLY FILL OUT IF YOU ARE REGISTERING MORE THAN ONE PERSON

Questions? Visit our website at CelticWarriorRun.com or call our office at 248-543-1000

Second Participant

Last Name		First Name	
Age On Race Day	Birth Date (mm/dd/yyyy)	Gender: M F	NOT INCLUDED FOR KIDS RUN CUSTOM SCARF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5K Run W/ Custom Scarf	5K Walk W/ Custom Scarf	Warrior Mile W/ Custom Scarf	1/4 Warrior Dash Kids Run (12 & Younger - NO SCARF)

Amount _____

Third Participant

Last Name		First Name	
Age On Race Day	Birth Date (mm/dd/yyyy)	Gender: M F	NOT INCLUDED FOR KIDS RUN CUSTOM SCARF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5K Run W/ Custom Scarf	5K Walk W/ Custom Scarf	Warrior Mile W/ Custom Scarf	1/4 Warrior Dash Kids Run (12 & Younger - NO SCARF)

Amount _____

Fourth Participant

Last Name		First Name	
Age On Race Day	Birth Date (mm/dd/yyyy)	Gender: M F	NOT INCLUDED FOR KIDS RUN CUSTOM SCARF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5K Run W/ Custom Scarf	5K Walk W/ Custom Scarf	Warrior Mile W/ Custom Scarf	1/4 Warrior Dash Kids Run (12 & Younger - NO SCARF)

TOTAL PARTICIPANTS _____

Amount _____

TOTAL DUE \$ _____