

# 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](http://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 \$ \_\_\_\_\_