

REGISTRATION FORM

1. Select Your Event

Check Your Event	Sponsor	Start Time	Before 9/3/10	After 9/3/10
<input type="checkbox"/> 5K Race*	Nestle' Water	7:30	\$ 20.00	\$ 25.00
<input type="checkbox"/> 3 Mile Walk	Citizens Bank	7:30	\$ 6.00	\$ 8.00
<input type="checkbox"/> 1 Mile Walk	Macon Bank	8:00	\$ 6.00	\$ 8.00
<input type="checkbox"/> 10 Mile Bike Tour	Knollwood Manor	8:00	\$ 6.00	\$ 8.00
<input type="checkbox"/> 33 Mile Bike Tour	North Central Telephone	8:00	\$ 20.00	\$ 25.00
<input type="checkbox"/> 66 Mile Bike Tour	Macon County Times	8:00	\$ 20.00	\$ 25.00
<input type="checkbox"/> Kids' Events**			\$ 6.00	\$ 8.00
• Obstacle Course	Palace Care & Rehab	8:30		
/ Bike Rodeo				
• Fun Run		10:00		
<input type="checkbox"/> Events for Challenged	Coordinated School Health	9:30	\$ 6.00	\$ 8.00

*Runners may also ride any of the bike tours at no extra charge. **Kids' events include a Fun Run, Obstacle Course and Jr. Bike Rodeo. Kids are encouraged to participate in all 3 events. Bring a bike and helmet for the bike rodeo. Trophies awarded to the fastest boy and girl in each grade from K thru 8. Check out our webpage at www.makinmaconfit.com for last year's winners. If you sign up for multiple events the higher price prevails.

2. Complete This Information

Name _____

Address _____

City, State, Zip _____

Phone _____

Age _____ Grade _____ Male _____ Female _____

T-shirt size _____ Youth (10-12) _____ Youth (14-16)

_____ Adult Medium _____ Adult Large _____ Adult XL

AMOUNT ENCLOSED \$ _____ Make checks payable to Lafayette Rotary Club

**** (Students Complete Below) ****

SUPPORT YOUR SCHOOL: _____ Fairlane _____ Central Elementary _____ RBS Elementary

Please Check One: _____ Westside _____ Lafayette Elementary

_____ MCJHS _____ MCHS _____ RBSHS

Name of Teacher _____

3. Read and Sign Waiver

In consideration of being allowed to participate in this event, I, for myself, executors, administrators and child (if signing as a parent or guardian), do hereby release and promise not to sue the hosts, sponsors, or any cooperating agencies, individuals, or employees for any claim or injury that may result from my participation in this event. I know that these events are potentially dangerous, and I have full knowledge of all risks involved. I am physically fit and sufficiently trained to participate in this event.

Participant (or parent/guardian if child under 18)

4. Turn In Your Form

Mail to: *Debbie Mason*, P.O. Box 10, Lafayette, TN 37083 OR

Take to: Any local branch of Citizens Bank, Macon Bank & Trust or Macon County General Hospital OR.....

Students: Turn in to your teacher OR.....

RUNNERS AND BIKE RIDERS MAY REGISTER ONLINE WITH:



Questions: **Stacey Brawner (615) 666-2147**