



2009 Team Roster/Registration Form



PLEASE PRINT CLEARLY IN BLACK OR DARK BLUE INK.
Children under 13 years of age are free and do not require formal registration.

Event Sponsors:



JULY 25, 2009 • Historic Belle Isle Park Casino - Detroit, MI • 9 a.m.

\$12 (walkers) \$20 (runners) Early Registration (per person) • \$15 (walkers) \$25 (runners) Event Day Registration (per person)
Forms must be received by July 1, 2009, to qualify for Early Registration. Online registration available for teams and individuals through July 1, 2009 - www.motteplifewalk.org

Team Name:

TEAM LEADER INFORMATION		Participant Info	T-Shirt	Paid
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			
TEAM MEMBER INFORMATION		Participant Info	T-Shirt	Paid
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			
Name:	Telephone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sm <input type="checkbox"/> Med	
Address:	Zip Code:	<input type="checkbox"/> Walker <input type="checkbox"/> Runner - 10K <input type="checkbox"/> Runner - 5K	<input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
Email:	Signature:			

Sheet ___ of ___ Total fees this sheet ONLY \$ _____	GRAND TOTAL (All sheets) \$ _____
# of T-Shirts (This Sheet Only): ___Sm ___Med ___Lg ___XL ___2X	# of T-Shirts: ___Sm ___Med ___Lg ___XL ___2X

WAIVER AND RELEASE OF LIABILITY: By participating on a team in the MOTTEP LIFE Walk, you agree to the following terms of the Waiver and Release of Liability. I hereby waive all claims against Gift of Life Minority Organ Tissue Transplant Education program (MOTTEP), Gift of Life Michigan, sponsors or any other personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs and videos of me and quotations from me in legitimate accounts and promotions of this event. Entries can not be accepted without a valid signature.