



5th Annual Rolling Rampage Queen's Park, Toronto

June 16, 2007

10K Wheelchair Road Race Registration

Please fax form back to: 416-760-9405

Personal Information

First Name	Middle Initial	Last Name
Address		
City	State/Province	Postal/Zip Code
Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone	Fax	Email
Emergency Contact Name		Emergency Contact Telephone

Transportation Information

Arrival Date (DD/MM/YYYY)		<input type="checkbox"/> By Plane <input type="checkbox"/> By Car
Airline	Flight Number	Arrival Time
Departure Date (DD/MM/YYYY)		
Airline	Flight Number	Arrival Time

Entry Information

Open Men (\$25)
 Open Women (\$25)
 Open Quad (\$25)
 Junior (\$25)

Total Payment: _____

- Cheque payable to The Rolling Rampage
- Money Order payable to The Rolling Rampage
- Credit Card Visa MasterCard American Express

Cardholder Name	Card Number	Expiry Date
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Please accept my entry to the 2007 Rolling Rampage. I, for myself, my executors, administrators and assignees, do hereby release and discharge The Rolling Rampage, its officials, its sponsors and volunteers from damages, injuries, or expenses occasioned by my participation in The Rolling Rampage. I also authorize The Rolling Rampage officials to utilize my photographs and videotape of my participation in The Rolling Rampage for any purpose. By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legally bound thereby.

Signature <i>(Signature of parent or guardian if under 18 years)</i>	Date
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