

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Company _____ Military

May we keep you updated on Believe In Tomorrow news, family stories and activities in our monthly e-newsletter?

Sex: M F Age: (at the time of race) _____

T-shirt size (adult sizes) Small Medium Large X-Large XXL

Y N

Team Name: _____

Team Leader Name: _____

Card# _____ Exp. Date _____

Signature _____

Total Amount Enclosed: \$ _____

Method of Payment MasterCard Visa American Express Cash Check

Mail form, checks payable & fees to: Believe In Tomorrow Children's Foundation Port to Fort Run/Walk 6601 Frederick Rd, Baltimore, MD 21228

Waiver must be signed. Parent's signature if under 18. In consideration of the acceptance of my entry, I, on behalf of myself, my heirs, executors, administrators and assignees, hereby release myself and discharge The Believe In Tomorrow National Children's Foundation, the race director, the community of Fenwick Island, volunteers and race sponsors of all claims, damages, demands, actions, whatsoever in any manner arising out of my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate.



Signature _____ Date _____

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