

2009 Sandia Peak Challenge Registration Forms

Please mail, fax, or e-mail completed registration form(s) and money to: **Cystic Fibrosis Foundation – New Mexico Chapter**, 4004 Carlisle, N.E., Suite B, Albuquerque, NM 87107. **Phone:** 505.883.1455, **Fax:** 505.883.3998, **Email:** new-mexico@cff.org

PACKET PICK-UP AT REI

Thursday, July 9, 2009

3:00 pm - 9:00 pm

Friday, July 10, 2009

3:00 pm - 5:00 pm

- Early registration fees - \$30
- Deadline for early registration is July 7, 2009
- Late registration - \$40 July 8 - 10, 2009
- Day of registration - \$50 July 11, 2009
- Additional events - \$10
- Kids Challenge Race - \$5

Registration Form For 7.2, 8.3, 5K Grande & 2 Mile Fun Run
PLEASE NOTE: ALL ENTRIES ARE NON-REFUNDABLE.

REGISTRATIONS IN EXCESS OF \$10 PER PARTICIPANT ARE TAX DEDUCTIBLE.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Date of Birth: _____ Age as of 12/31/2009: _____

Phone: _____ Email: _____

Race Selection: Bike - 8.3 King of the Mountain _____, Run - 7.2 Keith Howard Challenge _____,
Run - 5K Grande _____, 2 Mile Fun Run _____, Additional Event _____, Kids Challenge Race _____.

PAYMENT INFORMATION:

I am unable to participate, but enclosed is my donation: _____

Cash: _____ Check: _____ Credit Card: MC VS DIS AE

Card number: _____ Exp. Date: _____

Total Due: _____

T-shirt Size (Check one) S M L XL Youth size: YS YM YL

Waiver: By submitting this application and marking the appropriate payment, I hereby waive and release all rights and claims for damages I may have against the organization the Cystic Fibrosis Foundation for the Sandia Peak Challenge to be held on Saturday, July 11, 2009, for any and all injuries suffered by me in this event. I hereby authorize the organizers and support personnel to obtain any appropriate medical aid I may require during this event. I agree to the use of my name and picture in publicity and media coverage.

Signature of Participant, Parent or Legal

Guardian: _____ Date: _____

Please mail, fax, or e-mail completed registration form(s) and money to: **Cystic Fibrosis Foundation – New Mexico Chapter**, 4004 Carlisle, N.E., Suite B, Albuquerque, NM 87107. **Phone:** 505.883.1455, **Fax:** 505.883.3998, **Email:** new-mexico@cff.org

Registration Form For Cross Country

PLEASE NOTE: ALL ENTRIES ARE NON-REFUNDABLE.

REGISTRATIONS IN EXCESS OF \$10 PER PARTICIPANT ARE TAX DEDUCTIBLE.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Date of Birth: _____ Age as of 12/31/2009: _____

Phone: _____ Email: _____

Division Selection: Pro/Cat 1 (Expert) _____, Cat 2 (Sport) _____,
Cat 3 (Beginner) _____ Single Speed _____

The Cat 1 event is limited to current USAC Cat 1 racers.

PAYMENT INFORMATION:

I am unable to participate, but enclosed is my donation: _____

Cash: _____ Check: _____ Credit Card: MC VS DIS AE

Card number: _____ Exp. Date: _____

Total Due: _____

T-shirt Size (Check one) S M L XL Youth size: YS
YM YL

Waiver: By submitting this application and marking the appropriate payment, I hereby waive and release all rights and claims for damages I may have against the organization the Cystic Fibrosis Foundation for the Sandia Peak Challenge to be held on Saturday, July 11, 2009, for any and all injuries suffered by me in this event. I hereby authorize the organizers and support personnel to obtain any appropriate medical aid I may require during this event. I agree to the use of my name and picture in publicity and media coverage.

Signature of Participant, Parent or Legal Guardian: _____ Date: _____

Please mail, fax, or e-mail completed registration form(s) and money to: **Cystic Fibrosis Foundation – New Mexico Chapter**, 4004 Carlisle, N.E., Suite B, Albuquerque, NM 87107. **Phone:** 505.883.1455, **Fax:** 505.883.3998, **Email:** new-mexico@cff.org