



OFFICIAL ENTRY FORM



or REGISTER ONLINE: crazylegsclassic.com

PLEASE PRINT CLEARLY • COPIES ACCEPTED

First Name _____ Initial _____ Last Name _____

Street Address _____

City _____ State _____ ZIP Code _____

M/F _____ Month _____ Day _____ Year _____ Phone (in case of registration questions) _____
 BIRTH DATE: _____ Area Code _____

EMAIL (TO CONFIRM YOUR REGISTRATION) - Address not shared

Race Day Emergency Contact Name

MAIL completed entry form to:
CRAZYLEGS CLASSIC
 National W Club
 Kellner Hall
 1440 Monroe St.
 Madison, WI 53711



Race Day Emergency Contact Cell Phone
 Area Code _____

Circle T-Shirt Size:
 S M L XL XXL

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, do hereby agree not to sue and waive and release all sponsors, governmental bodies, organizations, officials, elected officials, and individuals associated with the Crazylegs Classic (including the National W Club, Inc. and UW-Madison), their representatives, successors, and assigns for any and all claims, damages, injuries, or actions suffered by me or arising out of my participation in said event. I hereby agree to the use of my voice or picture or any other record of this event for any purpose whatsoever. This release applies to, insured to the benefit of, and binds all parties hereto, their heirs, legatees, devisees, personal representatives, successors and assigns. This entry is invalid unless signed by entrant. If entrant is under 18 years of age, parent or legal guardian must sign entry. The official race director reserves the right to reject any entry.

Signature: _____ Date: _____
 Parent's Signature (if under 18 years): _____ Date: _____

Packet Pick-up Location: Kohl Center Best Buy East Best Buy West
 If you do not mark a box, your race packet and t-shirt will be available for pick up at the Kohl Center

EARLY Registration Fee by 4/8/12 \$23 Walkers \$30 Runners
 LATE Registration Fee by 4/24/12 \$30 Walkers \$37 Runners
 ON-SITE Registration Fee \$30 Walkers \$45 Runners
 (@ Kohl Center walk-up only April 27 & 28) * All Prices Include Sales Tax
 FUN & FITNESS TEAM Registration Fee: \$35/team member by 4/16/12
 Walk Run

PAYMENT Check/Money Order Enclosed* Master** Card Visa**
 CARD #: _____/_____/_____

EXPIRATION DATE: _____/_____/_____ All registrations are final and are NOT refundable, even if the event is cancelled for any reason.

SIGNATURE: _____

*Checks payable to: Crazylegs Classic **This will appear as a National W Club charge

Attention Runners: The following information MUST be provided for a wave assignment or you will be assigned to the last wave - NO EXCEPTIONS

- 2011 Crazylegs Finish Time _____
- Sanctioned Race (8K only) _____
 Sanctioned Race Date _____
 Sanctioned Race Time _____
- No official race name: Please enter estimated Crazylegs Finish Time _____ (no time faster than 29 minutes)

RUNNERS MUST WEAR RACE BIB IN ORDER TO BE TIMED.

FOR OFFICIAL USE ONLY GEN	Race Number	Reg. Fee
	_____	_____