



TORCH RUN REGISTRATION & OFFLINE PLEDGE FORM

Please turn this sheet in, along with all collected pledges, the morning of the race at check-in. Checks should be made payable to Special Olympics Alaska. **Copies of the sheet may be made to accommodate additional pledges.**

Runner's Name <input style="width: 95%;" type="text"/>	Age <input style="width: 95%;" type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	T-Shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
Mailing Address <input style="width: 95%;" type="text"/>	City / Town <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>
Home Phone <input style="width: 95%;" type="text"/>	Work Phone <input style="width: 95%;" type="text"/>	Email <input style="width: 95%;" type="text"/>	Employer <input style="width: 95%;" type="text"/>

Waiver: In participating in the 2018 Special Olympics Alaska Torch Run, I for myself, executors, administrators, and assigns, do hereby release and discharge Special Olympics Alaska and all sponsoring businesses whatsoever, in any manner arising and growing out of participating in this event. I also hereby consent to and permit emergency treatment in the event of any injury or illness. I grant full permission for organizers to use photographs of me and quotations by me in legitimate accounts and promotion of this event.

Signature: _____ **Date:** _____

Sponsor	Sponsor's Address	Pledge Collected
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
TOTAL PLEDGES COLLECTED		\$