



ATTN: Anna Shuffler - Coordinator
 2202 Hualapai Mt. Rd. #201
 Kingman, AZ 86401
 (928) 718-7645

KRAZY 8 RACES Registration Form
Saturday April 28, 2012

Benefits for participating in this premier Health Fair and Race Event:

- Support one of the largest family events in Lake Havasu City, details at: www.KidsLittleSmiles.com
- Proceeds go directly to the Arizona Dental Foundation providing dental care for underprivileged children in Lake Havasu and throughout Arizona
- Build goodwill throughout the community!

\$500 will be awarded to the school with the most participants!

Where:

- Fun 1 Mile Run/Walk starts at Kids Little Smiles at 5601 Highway 95 N and works through the area behind The Shops – nice and safe
- 5k Race starts at Kids Little Smiles at 5601 Highway 95 N and runs on London Bridge Road behind The Shops. It is a simple out-and-back course

Events:

1 EXPO	9am to 11am	Free	Learn about fun & exciting community stuff!
2 Fun 1 Mile Run/Walk	starts at 9am	\$15	Beautiful medals to all finishers
3 5k Race	starts at 10am	\$30	Huge trophies awarded to top 3 male/female and top 3 male/female masters (40+) runners

Pick up Race Numbers and T-Shirts on Friday, April 27th from 6 to 8 pm at address above!
 (or from 7 to 8am on day of race)

detach here



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YOU CAN ALSO REGISTER AT:



Please make checks payable to: 'KRAZY 8 RACE'

Which Event? (circle one): **1 Mile Run for \$15** **5k Race for \$30**

Name: _____

Address: _____

Age / Gender: _____ **M** or **F** (circle one)

School: _____

Shirt Size (circle one): 4T Youth Small Youth Med Youth Large Adult Med Adult Large Adult xLarge Adult xxLarge

Phone: _____

I, _____, release and hold harmless any and all rights and claims for damages I have against Kids Little Smiles Dentistry, the City of Kingman, Mohave County, all sponsors and their representatives of any and all damages and/or demand actions. Whatsoever in any manner, as a result of my participation in this event, including, but not limited to any of this type and accept those risks. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and a licensed medical physician has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use my name, my voice and/or picture in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever. I understand that the entry fee is nonrefundable and numbers are nontransferable.

Signature of Participant/Parent/Guardian

Date