



12th McLaren Brooksie Way MIDDLE SCHOOL CHALLENGE

Race Day: September 22, 2019



First Name _____ MI _____ Last Name _____

Gender _____ Birth Date (MM/DD/YYYY) _____

Street Address/Apt. _____ City _____ State _____ ZIP _____ Country (if not USA) _____

Daytime Phone _____ Email _____

RACE FEES

Event	FEE
<input type="checkbox"/> 5K Run & Walk	\$5
Middle School you attend:	

RACE DAY SHIRTS

Event	Youth Small	Youth Med.	Youth Large	Adult Small	Adult Med.	Adult Large	Adult XL
<input type="checkbox"/> 5K Run & Walk Adult XS = Youth XL Unisex short sleeved cotton t-shirt							

START LINE CORRALS

Please enter your pace mile
(The time it takes you to complete one mile)

_____ : _____

GO TO WWW.THEBROOKSIEWAY.COM

for discounts and race details

Team Challenge, Registration, Race Details, Fitness Expo News,
Family Discounts, Packet Pickup Times, Race Start Times.

PAYMENT INFORMATION

US Funds only. No Refunds. Not Transferable.

Faxed entries accepted until
Midnight, Monday, September 16, 2019.
Mailed entries MUST be postmarked by
Monday, September 16, 2019.

\$ _____ Total Due

Please make check payable to *The Brooksie Way*.

Credit Card: MasterCard Visa Discover

Account No. _____

Expiration Date _____

CCV# _____

Name as it appears on card _____

Signature _____

Mail completed form to The Brooksie Way,
P.O. Box 81576, Rochester, MI 48308.

Liability & Publication Release. Application WILL NOT be processed without signature. Please accept my entry to the 2019 Brooksie Way Half Marathon, 10K Run/Walk, 5K Run/Walk. I hereby state I have conditioned myself to participate in the event I have chosen. I, for myself, my executors, administrators and assignees, do hereby release and discharge The Brooksie Way, Oakland County, their officials, their sponsors and volunteers from damages, injuries, or expenses occasioned by my participation th the Brooksie Way Half Marathon, 10K Run/Walk, 5K Run/Walk. I also authorize The Brooksie Way officials to utilize my photographs and video tape of my participation in the Brooksie Way Half Marathon, 10K Run/Walk, 5K Run/Walk for any and all purposes. By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legal bound thereby. **THIS MUST BE SIGNED TO BE VALID.**

Applicant Signature (Parent if athlete under 18) _____ Date _____

If registrant is under 18 must be signed by parent or Guardian _____ Date _____