MEDICAL LAKE LIONS CLUB 32ND ANNUAL

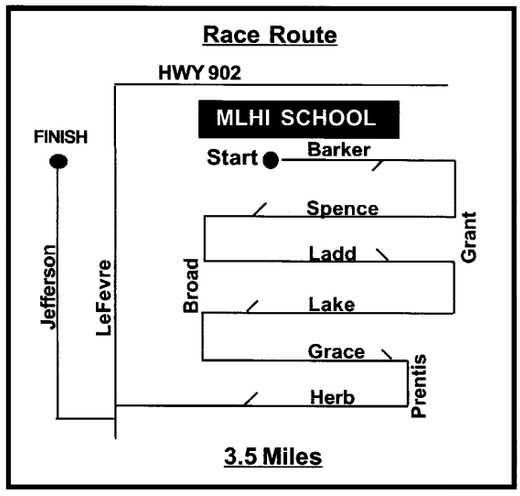
"ONLY FOOLS RUN AT MIDNIGHT"

Saturday April 10, 2010

We Serve

We Serve

STARTING POINT: Medical Lake High School
COURSE: Approximately 3.5 miles on lighted streets
DATE & TIME: MIDNIGHT, BETWEEN April 10 & April 11, 2010



PRE-REGISTRATION FEES
No T-shirt - $7.00
T-shirt only - $16.00
Ball Cap - $16.00
Sweatshirt only - $23.00
BOTH SHIRTS - $33.00

LATE REGISTRATION FEES
No Shirt - $7.00
T-shirt only - $19.00
Ball Cap - $19.00
Sweatshirt only - $26.00
BOTH SHIRTS - $39.00

Coupons on Back

PLEASE SEND CHECK OR MONEY ORDER TO:
MEDICAL LAKE LIONS CLUB
13818 W. White Rd.
Spokane, WA 99224

CHECK - IN / LATE REGISTRATION
Medical Lake High School
10:00 PM - 11:30 PM on April 10, 2010

SHIRTS ARE PRESENTED AT REGISTRATION
RUNNING THE COURSE IS NOT REQUIRED TO OBTAIN YOUR SHIRT

FOR INFORMATION: CALL (509) 299-3782 or Email — MedLkLions@aol.com

THE PROCEEDS FROM THIS EVENT WILL BE USED IN THE LIONS CLUBS SIGHT CONSERVATION PROGRAM, PURCHASING EYEGLASSES FOR THOSE WHO CAN'T AFFORD THEM, AND FOR OTHER NEEDED COMMUNITY PROGRAMS.

Retain this portion for your records

ALL PRE-REGISTRATION FORMS MUST BE RECEIVED PRIOR TO MONDAY, APRIL 5, 2010
ONE ENTRY PER FORM - PLEASE MAKE COPIES AS NEEDED! PLEASE PRINT CLEARLY.

LAST NAME _____ FIRST _____ MI _____ AGE _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

T-SHIRT (CIRCLE SIZE) **S M L XL XXL** **(NOTE: XXL T-SHIRTS ADD $3.00)** **$**_____

SWEATSHIRT (CIRCLE SIZE) **S M L XL XXL** **(NOTE: XXL SWEATSHIRTS ADD $6.00)** **$**_____

BALL CAP **$**_____

NO SHIRT **$**_____

TOTAL **$**_____

RUN RELEASE

In consideration of the acceptance of my application and their permitting me to participate in the "ONLY FOOLS RUN AT MIDNIGHT" on April 10/April 11, 2010 for myself, my executors, my administrators and my assigns forever release and discharge and and all rights to ever make claims on my behalf against the MEDICAL LAKE LIONS CLUB, ITS MEMBERS, AND THE CITY OF MEDICAL LAKE. I am aware there is an element of risk involved in this event and I WILL ACCEPT RESPONSIBILITY FOR ANY INJURY WHICH I MIGHT INCUR. This is my written statement that I will assume and pay my own medical and emergency expenses in the event of injury, accident, illness or other incapacitation. I certify that I have prepared myself physically to participate in this event. I will, at no cost to the sponsor, provide my own liquid refreshment and/or and auxiliary light source which I feel is necessary to insure my safety during the event. The run course will be closed and vacated two hours after start time.

_____ SIGNATURE _____ DATE _____ SIGNATURE OF PARENT /GUARDIAN (UNDER 18)

PAY BY CREDIT CARD

Type of Card Visa __ Master Card __ Amex__ Discover__

Card Number _____ Exp. Date _____ (MM/YY) Amount Charged $_____

Signature_____ Date_____