

NACA Health Promotion
BLOOD SWEAT & TEARS ZOMBIE RUN

Friday October 31st, 2014

CASH ONLY

Registration Form

First Name _____ Last Name _____

Age _____ Date of Birth _____ Gender: Male Female

Street/ P.O Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

T-Shirt Size*: Small Medium Large X-Large

**Pre-Order Must Occur Before October 14th 2014*

Would you like to learn more about NACA Health Promotion Events? Yes No

Are you currently a NACA Wellness Center Participant? Yes No

I, intending to be legally bound hereby for myself and heirs, executors and administration, waive and release any and all rights, claims or damages I may accrue against Native Americans for Community Action, Inc., City of Flagstaff, any and all race sponsors, their representatives, successors and assignees for any and all injuries suffered by me at the NACA Blood Sweat & Tears Halloween Zombie Run. I also attest that I am in good physical condition and able to compete in my chosen race and hereby give consent to use any photographs for publicity/promotional use.

By signing below, you and these named below agree:

Name (s)	Age Must Be 16+ to Participate	Relationship	Signature Under 18 Years of Age Requires Parent/Guardian Signature
1.		Self	
2.			
3.			
4.			
5.			



NACA Inc.
 1500 E. Cedar Ave. Ste 26 & 52
 Flagstaff, Arizona 86004

For More Information Contact:
 928-773-1245 ext. 241 or
 Email nacawellnesscenter@nacainc.org

Staff Use Only:

Paid Date: _____
 Staff Initial: _____
 Data Entered: _____