

NAMI Fall Classic

5K Walk/Run for Mental Illness Advocacy

WHEN: Sunday, October 8, 2017
WHERE: Former Lafayette Municipal Golf Course, 800 Golfview Road, Lafayette, Indiana
TIMES: Check-in & registration 12:00-1:15pm, **5K starts 1:30pm**, awards 3:00pm
ENTRY FEE: \$20 per person until 3:00pm 10/6/17, \$25 per person on race day, ages 10 & under free
PROCEEDS: NAMI West Central Indiana and NAMI on Campus Purdue
INFO: 765-423-6939, 765-429-0467, office@nami-wci.org
 Online registration: www.nami-wci.org/fall-classic



**MENTAL ILLNESS
 AWARENESS WEEK
 October 1-7, 2017**



**West Central
 Indiana**

Please fill out a form for each participant. Submit forms together if one lump payment is being made.

5K Walk/Run (chip timed) **Donation**

Are you raising funds with a team? Yes No **Team:** _____ **Captain:** _____

The race registration entry fee does not count toward a fundraising team's total; donations DO count.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Age on race day (Oct. 8): _____ Gender: F M Adult Shirt Size: S M L XL XXL

2017 T-shirts are not available if you register after September 25. Youth Shirt Size: S M L

Entry Fee: \$20 per person (Ages 10 & under free): \$ _____

Optional Donation: \$ _____

TOTAL Amount Enclosed: \$ _____

*Please make checks payable to
 NAMI-WCI and mail to
 1508 Tippecanoe St, Rm 4-901,
 Lafayette IN 47904.*

NAMI West Central Indiana is designated as a 501(c)3 organization under the US Internal Revenue Code. Optional donations are tax deductible to the fullest extent of the law.

Waiver for Participants: I hereby agree to hold harmless and indemnify the National Alliance on Mental Illness, NAMI West Central Indiana, the City of Lafayette, any of their agents or employees, and any person connected with the NAMI Fall Classic, including all sponsors and vendors, from any and all liability resulting from my participation in this event. I grant permission to use any photographs, recordings, videotapes, motion pictures or any record of this event which may include my image, for any purpose.

Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____