



Run for the Children Relay Challenge presented by Merrill Lynch

Benefiting Children's Hospital

Saturday, October 30, 2010



TEAM INFORMATION	Team Name (required) _____		Company Name (Corporate Division only) _____		
	Contact Person _____			Phone _____	
	Mailing Address _____		City _____	State _____	Zip Code _____
	Email Address _____				
	Corporate Division	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Mixed	Team T-Shirts _____
Open Division	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Mixed	(enter qty of ea size) Small Med Large XL XXL	
Uniform Division	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Mixed		
All Corporate Division team members must be employees of above company. Uniform division is open to military, law enforcement, and fire protection organizations.					
PAYMENT	Team Fee: \$150 Make check payable to Children's Hospital or enter credit card info below (AMEX/MasterCard/Visa only).				
	<input type="checkbox"/> AMEX	<input type="checkbox"/> M/C	<input type="checkbox"/> Visa	Card Number _____ Expiration Date _____	
Signature of card holder _____					
WAIVER	I hereby release Children's Hospital, all sponsors, race officials, and other person(s) or organizations connected with the race from any claim of damage or injury from my participation in or travelling to the Run for the Children Relay Challenge presented by Merrill Lynch on Saturday, October 30, 2010. I also give my permission to use my likeness and publish my name in the news media.				
TEAM CAPTAIN	First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Street Address _____		City _____	State _____ Zip Code _____	
	Signature _____			Date _____	
TEAM MEMBER 2	First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Street Address _____		City _____	State _____ Zip Code _____	
	Signature _____			Date _____	
TEAM MEMBER 3	First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Street Address _____		City _____	State _____ Zip Code _____	
	Signature _____			Date _____	
TEAM MEMBER 4	First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Street Address _____		City _____	State _____ Zip Code _____	
	Signature _____			Date _____	
MAIL TO	All team members must complete and sign this entry form. Incomplete forms will not be accepted. Mail completed entry form to the address below. Entry form must be received by October 17, 2010.				
	<p>Run for the Children Relay Challenge presented by Merrill Lynch</p> <p>Children's Hospital</p> <p>200 Henry Clay Ave.</p> <p>New Orleans, LA 70118</p>				