



# Carlyle Brewing Co. Literacy Run Half-Marathon 2009

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Male  Female Birth Date: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

T-Shirt Size (check one):  small  medium  large  x-large

Entrance Fee Enclosed:  \$35 (till May 3<sup>rd</sup>)  \$45 (May 3<sup>rd</sup>-8<sup>th</sup>)  \$55 (Day of Race)

Pasta Brunch (included in Entrance Fee)  Yes # of Guests \_\_\_\_\_ @ \$5 each = \_\_\_\_\_

The Literacy Council Donation Enclosed \$ \_\_\_\_\_

PAYMENT OPTIONS:  Cash  Check  VISA  MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code (from back of card) \_\_\_\_\_ ZipCode: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

### WAIVER

Release and Waiver of Liability; In consideration of the foregoing, I for myself, my spouse, my heirs, my executors, administrators and assignees, do hereby release and hold harmless The Literacy Council, Winnebago County Forest Preserve District, The City of Rockford, Village of Cherry Valley, all race sponsors, officials, and volunteers and their insurers from any and all claims for liability for death or damages for any and all injuries to me or my property, arising out of or in connection with my participation in The Carlyle Brewing Co. Literacy Run Half Marathon 2009. This release extends to all claims of every kind and nature whatsoever, whether foreseen or unforeseen, known or unknown. I attest and verify that I have full knowledge of the risk involved in The Carlyle Brewing Co. Literacy Run Half Marathon 2009 and I certify and attest that I am physically fit and trained to participate in it. I have read this release; I understand it and have executed it voluntarily, as verified by my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be parent/guardian signature if under 18)



Please make checks payable to:

The Literacy Council

Mail registration form with payment to:

The Literacy Council \* 982 N. Main St. \* Rockford, Illinois 61103

Questions: (815) 222-1268 or email: [ro@carlylebrewing.com](mailto:ro@carlylebrewing.com)



# Pledge Sheet - 2009

All proceeds benefit The Literacy Council  
& support services in Boone, Ogle & Winnebago Counties.

Team Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

.....  
Please print to assure accuracy. Only pledges actually received on day of event will be counted.

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Literacy Run Half Marathon, cont.

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

**Total Amount of Pledges: \$** \_\_\_\_\_