2015 ENTRY FORM ALL FIELDS REQUIRED Please print	No
Name	Rollerblades
Address	No Pets
City State Zip Phone State Zip Your E-mail FADFR-TFLEGRAM Date of Birth ( /_ /) Fees postmarked by 8/14:	<ul> <li>2-Mile Run/Walk</li> <li>5-Mile Run/Walk</li> <li>Tuesday 2-Mile</li> </ul>
Early Bird Fee	☐ Male _ ☐ Female
(MUST fill out second entry form with this person's personal information and mail together) Fees postmarked 8/15-9/4: pecial Olympics (Only \$25 if you register online)	T-shirt Size: □ S □ M
Day of race 9/5       \$35         I'd like to make a personal donation to support Special Olympics \$       TOTAL \$	= 51205 guaranteed
ALL participants must sign a release waiver at the park on race day.	for earlybird only.
Those under the age of 18 must have a parent o guardian sign for them.	Special Olympics WI