Santa Fe Road Runners Club's Camp Marafiki Registration Form

Santa Fe, New Mexico, August 2 - August 9, 2009

Please fill out and sign separate registration form for each runner. Those registering as a group should fill out separate registration forms but mail together.

Last Name | First Name | Initial

Mailing Address

City | State/Province | Zip/Postal Code

Daytime Telephone Number | Alternate Phone Number

Gender | Date of Birth (month-day-year) | E-mail Address

REGISTRATION OPTIONS

Regular Registration Sage Inn (single room supplement additional $435) $995

Marafiki Registration Accommodations with athletes $875

Commuter Registration (Does not include transportation or lodging. Opera tailgate dinner and ticket may be available for an additional fee. Please contact us for details.) $350

Group Discounts
Discount 2 runners $50.00 off each sharing same room
Discount 3 runners $100.00 off each sharing same room
Discount 4 runners $150.00 off each sharing same room

Name	Phone Number	Regular Reg. Sage Inn $995	Marafiki Reg. $875	Commuter Reg. $350
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Additional single room supplement _____

Less group discount _____

Total Amount Enclosed _____

Please make check or money order, drawn on a U. S. bank in U. S. funds, payable to "Santa Fe Road Runners Club"

Mail this form to: Santa Fe Road Runners Club
c/o Andrew Musuva
2799 Via Caballero Del Sur
Santa Fe, NM 87505

Waiver Statement

In Consideration of my entry being accepted I, intending to be legally bound, do hereby for myself, my heirs, executives and administrators, waive and release forever all rights and claims for damages which I may have hereafter accrued to me against Santa Fe Road Runners Club and Camp Marafiki, and all other individuals associated with Santa Fe Road Runners Club and Camp Marafiki, for any and all damages/injuries which may be sustained by me in connection with participation in and returning from Camp Marafiki summer running camp. I further attest and verify that I am physically fit to participate, and my condition has been certified by a licensed medical doctor. I will also permit the use of my name and picture in newspaper, websites or brochures related to this event without compensation.

SIGNATURE _____ Date _____

(signature of parent or guardian if under 18)