

NAMI Fall Classic

2 & 4 Mile Walk/Run for Mental Illness Advocacy

Proceeds benefit NAMI West Central Indiana, which advocates for support, effective treatment and education for individuals and families affected by mental illness in our community.

WHEN: Sunday, October 13, 2013
WHERE: Former Lafayette Municipal Golf Course, 800 Golfview Road, Lafayette
TIMES: Check-in and race day registration 12:00-1:30pm, races start 2:00pm, awards 3:30pm
ENTRY FEE: \$20 per person (Ages 10 & under free)
REGISTER: Register online at www.nami-wci.org or pay with check and printed form.

Sponsored by: **Sycamore Springs, River Bend Hospital, Alpine Clinic, Triple XXX, Wabash National Corporation, Wabash Valley Alliance, Franciscan St. Elizabeth Health, Sports Etc, Arni's and Tri-N-Run**



NAMI Fall Classic 2 & 4 Mile Walk/Run for Mental Illness Advocacy Registration Form

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

2-Mile Walk 4-Mile Walk 2-Mile Run 4-Mile Run

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Birthdate: _____ Gender: F M Adult Shirt Size: S M L XL XXL
M/D/YYYY T-shirts are not guaranteed if you register after Oct. 1st.

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

Optional Additional Contribution: \$ _____

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. Your optional additional contributions are tax deductible to the fullest extent of the law.

Waiver: 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, 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: _____

To pay with a credit card, you may register online at www.nami-wci.org.