



In Honor of Heather Dinkelacker

<b>CHILD RACER REGISTRATION</b>			
Each team member must fill out their own registration forms			
<b>PARENTS MUST RETURN THIS FORM IMMEDIATELY IN ORDER TO HOLD PLACE IN RACE</b>			
First Name:		Last Name:	
Address:			
City:		State:	Zip Code:
Phone:		Date of Birth:	
T-Shirt Size: <input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large			
Print Name:			
Sign Name:		Email:	
Emergency Contact:		Phone:	

All participants must be 10 to 15 years of age.

**All registration forms and money must be submitted by April 27, 2012.**

Please send all completed registration forms and checks to:  
 Mama Mare Breast Cancer Foundation  
 PO Box 1379 Easton, PA 18044

If you have any questions please contact us at:  
[wheelstoheal@gmail.com](mailto:wheelstoheal@gmail.com) or visit [www.mamamare.org](http://www.mamamare.org).

I knowingly accept and fully understand all risks associated with Wheels to Heal Breast Cancer Grand Prix. I hereby, for my heirs and assignees, release and agree to hold harmless Mama Mare Breast Cancer Foundation, Lehigh Valley Grand Prix, and its affiliates, officers, directors and all sponsoring businesses and fees of any kind or nature that may arise out of my participation in this event. I grant full permission for the organizer to use photographs/telecasts of me in legitimate accounts and promotion of this event.

Signature: \_\_\_\_\_  
 (Parent or Guardian signature if under age 18)

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