13th Annual Truffle Shuffle

Sunday, February 8, 2009

Mail entry to: Truffle Shuffle, 1840 Willamette Street, Suite 100, Eugene, OR 97401 • 541-344-0833

**Must be postmarked by February 3rd, 2009 to avoid late fee.*

1 **I am entering:** ❑ 2-mile run ❑ 4-mile run ❑ 2-mile walk ❑ Phantom run

2 LAST NAME _____ FIRST NAME _____

OFFICIAL USE ONLY
BIB#

3 COMPLETE MAILING ADDRESS _____

4 CITY _____ **5** STATE _____ **6** ZIP _____

7 AREA CODE _____ PHONE NUMBER _____ **8** ❑ M ❑ F **9** AGE ON 2/8/09 _____ **10** Birthdate Month _____ Day _____ Year _____ **11** *ADULT SHIRT SIZE:* ❑ S ❑ M ❑ L ❑ XL

12 EMAIL ADDRESS _____

14 **ENTRY FEE:** Indicate fee(s) you are paying and total all charges:

DATE	ADULT	STUDENT 12 & OVER	UNDER 12
Before Feb. 3rd	❑ $20	❑ $15	❑ $10
Feb. 3rd - 7th	❑ $25	❑ $20	❑ $15
Race Day	❑ $30	❑ $25	❑ $20
Kid Shirt	❑ $10	*KID SHIRT SIZE:* ❑ S ❑ M ❑ L	
Phantom Runner (*20 minimum)	❑ $		
No Shirt option	❑ -$5	❑ -$5	❑ -$5

Entry Fee Total: $ _____

16 Are you interested in learning more about Committed Partners for Youth?
❑ Yes ❑ No

17 **PAYMENT:**
❑ Check ❑ Money Order ❑ Visa *(fill out below)* ❑ Mastercard *(fill out below)*

CARD NUMBER _____ EXPIRATION _____

Signature _____

13 **TEAMS** (minimum of 5 runners)
Please submit all team entry forms together. Each teammate MUST complete an individual entry form!
Team Name _____
Team Captain _____

Team Division:
❑ School
❑ Nonprofit
❑ Business
❑ Open

15 All walkers and runners must sign this Mandatory Waiver.

MANDATORY WAIVER (PLEASE SIGN BELOW)

I know that a road race/walk or wheelchair event is a potentially hazardous activity. I should not enter and participate in this event unless I am medically able and properly trained and have sufficient stamina to safely and successfully complete this event without harm or injury to myself. In consideration of the acceptance of my entry, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims for damages against the Truffle Shuffle race directors and designated race officials. Committed Partners for Youth, City of Eugene, County of Lane, and all other participating sponsors, agents and employees of such parties for all claims of damages, demands, actions, whatsoever in any manner arising from any authorized such expenses. I grant permissions to all of the foregoing the use of any photographs, motion pictures, recording, or any other record of the event for any legitimate purpose. I, also, understand that the entry fee is nonrefundable. I have read the entry information provided and certify my compliance by my signature below.

X _____
Signature Date

Parent or Legal Guardian must sign if entrant is under 18. If release is not signed, your entry will not be processed.