

# 2005 SCSU SNOWSHOE REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Circle Event: 4 Mile 2 Mile Sex: M F

Circle T-shirt size: Small Medium Large X-Large

## **Check payment type:**

\$15.00 by January 7

Walk up registration available at the Campus Rec. Office in Halenbeck Hall

\$20.00 After January 7

Check here if you need to reserve snow shoes.

### Waiver Statement

As an entrant in the 2005 Snowshoe Run, I assume complete responsibility for any injury to me or damage to my property which may occur during the event, or otherwise. I grant permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. Signature: \_\_\_\_\_

Office use only  
Amount Paid:

Make checks payable to: **SCSU**

Send form and fee to:

Snowshoe Run/Chris Haukos  
Campus Recreation Office  
Halenbeck Hall 102  
St. Cloud State University  
St. Cloud, MN 56301