



100 MILE CLUB

Self-Control Alertness Intention Condition Skill Team-Spirit Poise Confidence

Are you ready to
Accept the Challenge™? We are!

www.100mileclub.com

Registration Form

Runner's Name: _____

Grade: _____ Teacher: _____

T-Shirt Size: Child Sm Med Lg
Adult Sm Med Lg
 XL 2XL 3XL

Parent(s) Name: _____

I understand that participating in any physical activity has certain risks and I give my student permission to join.

Parent Signature: _____ (Student **MUST** have parent's signature)

Parent Email Address: _____ Phone # _____

Circle your response below

Yes/ No I am interested in becoming an assistant coach and/or donating time during the day and/or at walks within our community and can be reached at () _____ or email: _____

Yes/ No Total amount enclosed. Cash + Check + #

(Please make checks payable to Bill Roberts)

A one year registration of \$15.00 is enclosed for me/my student.

Yes/ No I give permission for my child's photo to be posted on the Bill Roberts 100 Mile Facebook page on occasion.

Please return forms AND checks/cash to the front desk "100 mile" box. If you have questions, email coach Susanna: burr.susanna@gmail.com. Thank you!