

ZUMBA CRAZE FOR A CURE

PRESENTED BY

ADVANCED PHYSICAL THERAPY CENTER OF CONWAY

SATURDAY, OCTOBER 2 8AM TO NOON

(LOCATED AT HENDRIX WAC)

REGISTRATION FORM

Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____
Emergency Contact: _____ Phone Number: _____

Registration Fees

\$25 per participant. Each participant must fill out a separate registration form. T-shirt **OR** tank is included with ADULT registration. Please indicate shirt size and quantity. You may order extra shirts for \$15 each.

Women's Tank	OR	Adult T-shirts	Youth T-shirts (\$15 EACH, no registration fee)
____ Small		____ Small	____ Small
____ Medium		____ Medium	____ Medium
____ Large		____ Large	____ Large
____ X Large		____ X-Large	
		____ XX-Large	

Payment Method

- Check (Please make a non-refundable check payable to Advanced Physical Therapy Center. Memo: Zumba Craze Fundraiser).
- Cash
- Credit/Debit (Visa, MC, Discover, American Express) _____
Expiration date: _____ Zip Code _____

Registration fee = \$ 25.00
_____ # of additional t-shirt fee x \$15 = \$ _____
Total amount included in payment = \$ _____

All proceeds benefit Susan G. Komen Foundation for Breast Cancer Research.

Registration Form and Payment **must be received by Friday, September 22, 2010** to guarantee Zumba Craze shirt. Hand deliver registration and payment to Advanced Physical Therapy Center of Downtown Conway (1065 Clayton Avenue, Suite 9-behind Walgreens at Oak and Harkrider) or mail to PO Box 1168 Conway, AR 72033. Pick up Zumba Craze packets and t-shirts at Advanced Physical Therapy Center on **Friday, October 1, 2010** from 10am -2pm. Late registrations are accepted but T-shirts cannot be guaranteed.

Release and Waiver

As the undersigned participant of this Zumba Craze event, I know that aerobic activity is a potentially hazardous activity and I assume all risks associated with participating in this event. I hereby release and agree not to sue Advanced Physical Therapy Center of downtown Conway, AR and any other volunteers, organizers, sponsors, and hold and save them harmless from and against all actions, claims, liabilities, loss or damage, expense of whatever nature, including attorney fees, which may at any time be incurred by reason of my participation in the Zumba Craze event.

Signature of Participant _____ Date _____

Signature of Responsible Party if participant is a minor _____

Date _____