

# NAMI Fall Classic

## 5K Run/Walk for Mental Illness Awareness

**WHEN:** Sunday, October 13, 2019  
**WHERE:** Former Lafayette Municipal Golf Course, 800 Golfview Road, Lafayette, Indiana  
**TIMES:** Check-in & registration 12:00-1:15 pm, **5K starts 1:30 pm**, awards 3:00 pm  
**ENTRY FEE:** \$30 per person until 1:00 pm 10/11/19, \$35 per person race day, ages 10 & under free  
**PROCEEDS:** NAMI West Central Indiana and NAMI on Campus Purdue  
**INFO:** 765-423-6939, office@nami-wci.org  
Online registration: <http://www.nami-wci.org/>



*Please fill out a form for each participant. Submit forms together if one lump payment is being made.*

**5K Run/Walk** (chip timed)       **Donation**

**Are you raising funds with a team?**  Yes  No    **Team:** \_\_\_\_\_ **Captain:** \_\_\_\_\_

*The race registration entry fee does not count toward a fundraising team's total; donations DO count.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age on race day (Oct. 13): \_\_\_\_\_ Gender:  F  M    Adult Shirt Size:  S  M  L  XL  XXL

*2019 T-shirts are not guaranteed if you register after October 4*    Youth Shirt Size:  S  M  L

Entry Fee: \$30 per person (Ages 10 & under free): \$ \_\_\_\_\_

Optional Donation: \$ \_\_\_\_\_

TOTAL Amount Enclosed: \$ \_\_\_\_\_

*Please make checks payable to  
NAMI-WCI and mail to  
913 Columbia St,  
Lafayette IN 47901.*

NAMI West Central Indiana is designated as a 501(c)3 organization under the US Internal Revenue Code. Optional donations are tax deductible to the fullest extent of the law.

*Waiver for Participants: I hereby agree to hold harmless and indemnify the National Alliance on Mental Illness, NAMI West Central Indiana, the City of Lafayette, any of their agents or employees, and any person connected with the NAMI Fall Classic, including all sponsors and vendors, from any and all liability resulting from my participation in this event. I grant permission to use any photographs, recordings, videotapes, motion pictures or any record of this event which may include my image, for any purpose.*

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

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_