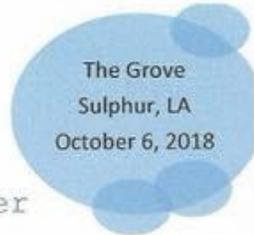




SWLA SAFE SLEEP TASK FORCE
STROLL & ROLL
 Safe Sleep Awareness 5K & 1 miler
REGISTRATION FORM



Please make checks payable to Community Chest Inc. and mail to C/O Calcasieu Coroner's Office 707-B East Prien Lake Road, Lake Charles, LA 70601

Name:		
Street Address:		
City:	State:	Zip:
Email:		
Phone:	Age:	

I will participate: Individually In a group of 5 or more Group Name: _____

In the: 5K Stroll T-shirt Size: Adult S M L XL XXL
Please circle one

There is no charge for children 12 and under in the 5K or stroll. But to order a child t-shirt include \$5.00/shirt

Child Sizes: ___YXS ___YS ___YM ___YL (write in number of each size that you will pay for)

Early Registration (Before September 16, 2017) Individual: \$25 Group of 5 or more \$20/person	Event Day Registration <small>(this one NOT guaranteed)</small> Individual: \$30 Group of 5 or more \$25/person
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I am paying by ___ Check (# _____) payable to Community Chest Inc or ___ Cash
 ___ online Credit Card or PayPal visit <http://swlasafesleeptaskforce.webs.com> (Please fax this form to number below)

Registration fee: \$ _____
 Additional T-shirts \$ _____
 Additional Donation \$ _____
 Total included \$ _____

October 6, 2018 Event Day Registration: 8AM
 5K begins: 9AM (Route outside park)
 Stroll begins 9:05AM: (Route inside park)
 The Grove, 1211 Ruth Street, Sulphur, LA 70663
Join us until noon for balloon release & great family fun day!

Event Waiver:

I, the undersigned, know that the event I am attending carries the risk of personal injury or damage. I know that an athletic event requires training and I certify that I am physically fit for this event. I hereby waive and forfeit all rights I may have to file suit or make claims against any and all event coordinators, sponsors and persons connected with this event for injuries I may suffer at this event. I understand that no refunds can be made if the event is canceled due to weather conditions or other circumstances beyond the control of organizers. I understand that photos will be taken and my likeness may be used in promotional material.

X _____ Date: _____
 Required: Signature of participant (& parent/guardian if participant is under 18)



For more information call the Calcasieu Coroner's Office—337-477-7537
 Task force members- Charlie Hunter-337-936-9772
 Michelle McInnis- 337-540-4626
 Fax: 337-477-7599

