



SWLA SAFE SLEEP TASK FORCE

STROLL & ROLL

Safe Sleep Awareness 5K & 1 miler

REGISTRATION FORM

The Grove
Sulphur, LA
October 6, 2018

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 (shirts are NOT guaranteed)

Individual: \$30

Group of 5 or more \$25/person

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

