



Registration Form

Registration is \$25 and begins at 2:30pm

Name: _____

Date: _____

Address:

City _____ State _____ Zip: _____

Home Phone: (____) _____

Alt. Phone: (____) _____

E-Mail

: _____

Please make all checks payable to CCEJ

Waiver: In consideration of acceptance of my entry, I, my executors, administrators, or assignees, do hereby release and discharge CCEJ, City of Long Beach and Sunny Daye/New Daye Fitness, Hot Java and other sponsors for any claims of damages, demands, actions whatsoever, in any manner arising out of my participation in said fund raising event. I attest and verify that I have full knowledge of the risk involved in this type of event, and I am physically fit and sufficiently trained to participate in this event.

Applicant's Signature: _____

Date: _____

(Parent signature required of participants under 18 years of age)

CCEJ is a Tax Exempt Organization # 91-1656676