



KRAZY 8 RACES

Registration for Runners

Name: _____ Age _____ Grade _____ Gender: M F

Phone: _____

Mailing Address: _____

School _____ Shirt: 4T YS YM YL AS AM AL AXL AXXL

Race: .5 Mile Walk/Run \$10 1 Mile Walk/Run \$10 8K Run \$30

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I, _____, release and hold harmless any and all rights and claims for damages I have against Kids Little Smiles Dentistry for Children, the City of Kingman, Mohave County, all sponsors and their representatives and any and all claims of damages, demands actions. Whatsoever in any manner, as a result of my participation in this event, including, but not limited to any of this type and accept those risks. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and a licensed medical physician has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use my name, my voice and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever. I understand that the entry fee is nonrefundable and numbers are nontransferable.

Signature of Participant/Parent/Guardian

Date

Mail to:
Kids Little Smiles
2202 Hualapai Mountain Rd, Kingman, AZ 86401
Questions? Call at 928-718-7645



KRAZY 8 RACES

Registration for Health Fair

Set up 8 a.m.
Fair 10 a.m. - Noon

\$25 Per Table
Deadline April 1

Vendor Name: _____

Service or Product: _____

of Tables Required: _____

Raffle Prize or Discounted Product: _____

*All Proceeds Go To Arizona Dental Foundation
To Help Kingman Kids Get A Healthy Smile.*

Mail to:

Anna Shuffler, Coordinator

745 Gordon Bay, Kingman, AZ 86409

Questions? Call Anna at 928-279-2386