

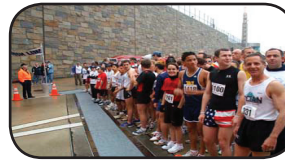
REGISTRATION FORM



Special Olympics
New Jersey



LINCOLN TUNNEL CHALLENGE



21ST ANNUAL

REGISTER NOW ONLINE www.lincolntunnelchallenge.sonj.org

NOTE: Children in Strollers must be registered at check-in

SONJ Athletes Check Here

Last Name _____ First Name _____ Middle _____

Address _____ Apt. # _____

City _____ State _____ Zip code + 4 _____

Gender: M / F Birth Date: _____ / _____ / _____ Age (day of race) _____

MONTH DAY YEAR

How many years have you participated in this race, prior to this year? (if this is your first time, please write 0)

Day Phone _____ Mobile Phone _____

Email address (please complete only if used on a weekly or more frequent basis) _____



T-SHIRT SIZE

Circle one (Adult sizes only)

S M L XL XXL

PAYMENT INFORMATION

Yes, I would like to participate in the 21st Annual Lincoln Tunnel Challenge!

Enclosed is my **\$20.00** early-entry fee
(if registered by 4/13/07)

Enclosed is my **\$25.00** entry fee
(registered after 4/13/07 and on race day)

I am enclosing additional donations of:
\$25 \$50 \$100* \$250* \$500* +\$500*
other \$ _____

TOTAL AMOUNT ENCLOSED IS:

***Incentives available for additional dollars raised of \$100 or more. See website below or call for details.**

**Credit card payments only accepted online at:
www.lincolntunnelchallenge.sonj.org.**

Please send completed entry form and check or money order

payable to: Special Olympics New Jersey

ATTN: LINCOLN TUNNEL CHALLENGE

3 Princess Road, Lawrenceville, NJ 08648

Phone: 609.896.8000 / Fax: 609.896.8040

www.lincolntunnelchallenge.sonj.org

TEAM INFORMATION

In order to participate as a team, a minimum of three registrations (no maximum). If mailing **must be sent in one envelope and received by April 13, 2007**. Team participation does not require an additional fee.

Yes, I would like to participate in the team competition;

Team Name _____
(minimum of 3 people per team; no maximum)

Team Captain Name _____

Team Captain Daytime Phone (____) _____

WAIVER

In consideration of my entry into the Lincoln Tunnel Challenge being accepted, I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release Special Olympics New Jersey and the Port Authority of NY and NJ, heirs and assigns, as well as all Lincoln Tunnel Challenge/Special Olympics volunteers, participants, and sponsors from all liability claims, demands, losses or damages suffered by me in said event. I represent that I understand the nature of the event and that I am qualified, in good health and in proper physical condition to participate in such event. I hereby grant my full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature (Parent or Guardian if under 18)

Date

THIS FORM MUST BE SIGNED AND COMPLETED IN ORDER TO PARTICIPATE