Charleston Bed Race

benefiting CAMP HAPPY DAYS

Sunday, April 15th, 2012 1:00 p.m.

at Hampton Park

camp happy days kids kickin' cancer

REGISTRATION FORM

Participant Information $125.00 per bed

Name: _____ **Date of Birth:** _____

First Name **Last Name**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: ( ) _____ **Email Address:** _____

Company Information (If sponsored by a company)

Company Name: _____ **Contact:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: ( ) _____ **Email Address:** _____

Method of Payment

○ Check ○ Cash ○ Credit Card **Amount: $**_____

Credit Card # _____

○ MasterCard
○ Visa
○ American Express

Name on Card _____ Exp Date _____/_____/_____

Checks should be made out to Camp HappyDays

Team Information

Team Name: _____

Team Members: **T-Shirt Size: S - XXL**

1.) Captain _____(____)__

2.) _____(____)__

3.) _____(____)__

4.) _____(____)__

5.) _____(____)__

Please Note: Each team must have team captain and team name. Each Individual must sign their own waiver form. Thank you!

Participant Category

Student ( )
Corporate ( )
Open ( )

Check one only

Please return completed form with payment to:

Camp Happy Days
1622 Ashley Hall Road
Charleston, SC 29407

Email: alix@camphappydays.com
Fax to: 843-571-4394