

For Road Angels Use

ENTRY #: _____



REGISTRATION FORM

CSRA ROAD ANGELS 2017 PUMPKIN RUN
MAIL TO ADDRESS BELOW

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

CLUB OR GROUP: _____

PHONE #: _____ CELL #: _____

RELEASE/HOLD HARMLESS AGREEMENT: I UNDERSTAND THAT THE CSRA ROAD ANGELS AND THEIR SPONSORS, AUGUSTA MALL, CITY OF AUGUSTA, AND PROPERTY OWNERS AND/OR IT'S PROMOTERS, ASSISTANTS, DIRECTORS, EMPLOYEES, AGENTS, SERVANTS AND VOLUNTEERS ARE NOT RESPONSIBLE FOR ANY LOSSES, INJURIES, UNKNOWN DAMAGES, JUDGEMENTS, AND/OR CAUSES WHATSOEVER THAT MAY HAPPEN TO MY PERSON OR PROPERTY.
I ALSO AGREE TO PROVIDE MY OWN INSURANCE.

SIGNATURE: _____ DATE: _____

ENTRY INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

MAKE CHECK OR MONEY ORDER PAYABLE AND SEND TO:

CSRA ROAD ANGELS,

C/O GENIE HOLLEY, 2701 WEST TERRACE DRIVE, AUGUSTA, GA 30909.

PROCEEDS BENEFIT CHILDREN'S HOSPITAL OF GEORGIA, AWP, AND SALVATION ARMY.

CONTACT INFORMATION:

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