



ON
MAIN STREET IN
DOWNTOWN FORT WORTH, TEXAS
SEPTEMBER 15TH 2012

REGISTRATION FORM

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

T-Shirt Size _____ Club Affiliation _____

Are you signing up with a Club _____

Years attended Cowtown Cruisin for a Cure:

2002__2003__2004__2005__2006__2007__2008__2009__2010__2011

E-mail Address _____

Year _____ Make _____ Model _____ Color _____

***I am a Prostate Cancer Survivor** _____

I hereby assume full and complete responsibility for any personal injury to myself or others in my party, or for any loss or damage to my automobile(s), equipment, and personal property whether by accident, vandalism, acts of God, or any other cause which may occur during my participation in this event, and hereby indemnify, release and hold harmless from any and all claims the entity known as the Cowtown Concourse for the Cure, its directors, officers, and volunteers.

Waiver _____

Registration Fee: \$35.00

Please sign waiver, and mail with registration fee to: Cowtown Concourse for Cure
2630 West Freeway, Suite 231, Fort Worth, Texas 76102
(All fees are considered donations and are tax deductible. Tax ID# 330998003)

BENEFITING RESEARCH AND TREATMENT FOR PROSTATE CANCER
(NOT FOR PROFIT)

WWW.COWTOWNCRUISINFORACURE.ORG