



2008 TJ2K REGISTRATION FORM

Complete this form and fax to 972-789-1428 or mail to:
 2008 TJ2K - The Tom Joyner Foundation, Inc.
 Post Office Box 630495 Irving, Texas 75063

PARTICIPANT TYPE: WALKER RUNNER

TEAM INFORMATION

- Register me as an individual participant
 Register me as part of a team/family: _____
 Register me as a team captain of a new team

Team Name: _____
 Team Type (circle): Friends/Family Corporate School Organization
 Team Fundraising Goal (if new team): \$ _____

PARTICIPANT INFORMATION

Name: _____
 Address: _____
 City, State Zip: _____
 Phone: _____
 E-mail: _____
 Date of Birth: ____/____/____ Gender: MALE FEMALE

Were you referred by a friend? _____
 Personal Fundraising Goal: \$ _____

T-shirt Size: S M L XL XXL

As a participant in the TJ2K, you will have access to an online participant center, to assist in your fundraising efforts. You will need to create a username and password to access this area.

Username: _____ Password: _____

FEES & SELF-DONATION

Registration Fee: \$ **FREE**

Would you like to self-pledge now to get your fundraising started?

Donation: \$ _____

TOTAL ENCLOSED: \$ _____

CIRCLE PAYMENT METHOD:

CHECK AMEX DISC MC VISA

Make checks payable to the Tom Joyner Foundation, Inc.

Please do not send cash in the mail.

Name on Credit Card

Billing Address

Credit Card Number

Expiration Date

Signature

Last Name: _____ First Name: _____

Please Print

Please Print

For Office Use Only
Walker Number: _____

2008 WAIVER FORM

Participant: Please complete all information below. A **COMPLETED** Waiver Form must be submitted in order to receive your TJ2K Walker/Runner number.

WAIVER: In signing this release, I understand the intent thereof, and will, for myself, executors, administrators and assigns hereby release the Tom Joyner Foundation, Inc., and all sponsoring businesses and organizations and their agents from all claims of damages, demands, actions and causes of actions whatsoever, in any manner arising or growing out of my participation in the TJ2K or any activities associated herewith. I hereby attest that I am physically fit and prepared for this event. I also give full permission for emergency treatment in case of injury or illness, and to the use of my name and photograph for no fee in any materials produced by the Tom Joyner Foundation, Inc. and its affiliates.

Please initial here _____ if you authorize the use of your name and image for no fee in any materials produced by the Tom Joyner Foundation, Inc. or its affiliates.

I CERTIFY THAT I HAVE READ THIS WAIVER & RELEASE AND UNDERSTAND ITS SIGNIFICANCE.

Participant's Name Printed: _____ Date of Birth: _____ / _____ / _____

Participant's Signature: _____ Date: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Occupation: _____

Gender: (circle) Male Female T-shirt Size: (circle) S M L XL XXL

Team/Family Name (if applicable): _____

If under 18, parent/legal guardian signature: _____ Date: _____