



MINNESOTA MEDICAL FOUNDATION
at the University of Minnesota

2008 LIGHTNING RUN® REGISTRATION

\$35 per person

Rider, passenger and general admission

Register between now and July 23. Mail-in registration forms must be postmarked by July 12 to ensure they are received before July 23.

Packet includes: bandana, pin, wristband, run card and program

BOTH rider & passenger MUST fill out & sign release form to receive their packets

Packets will not be available by mail or prior to the event date.

Packets MUST be picked up Friday night or Saturday during the event at Summit Brewing Company

All unclaimed packets will be forfeited if not picked up by 08/25/08.

YOU MAY REGISTER ONLINE AT WWW.LIGHTNINGRUN.COM UNTIL 5 P.M. ON 07/23/2008.

Mail form with payment to Minnesota Medical Foundation · P.O. Box 64001 · St. Paul, MN 55164-0001

Name: _____

Please check: Rider Passenger Non-rider

Address: _____

City, State, Zip: _____

Daytime Phone: _____ E-mail: _____

Please check: Home Work Cell

Are you registering other participants? Please fill-in their names below.

Name: _____

Please check: Rider Passenger Non-rider Address City State Zip

Name: _____

Please check: Rider Passenger Non-rider Address City State Zip

Name: _____

Please check: Rider Passenger Non-rider Address City State Zip

PLEASE COMPLETE

Registration \$35 x _____ \$35 per person · rider, passenger or general admission	TOTAL	\$
T-Shirt Qty: M ___ L ___ XL ___ 2XL ___ 3XL ___ \$10 with registration before 7/23/2008 · \$15 day of the event · quantities limited		\$
Additional Pin (quantities limited) \$5 ea. or 2 for \$8		\$
Additional Bandana (quantities limited) \$5 ea. or 2 for \$8		\$
Additional Charitable Donation		\$
Total Enclosed Please check payment type. ___ Cash ___ Check ___ Credit Card		\$

Make check out to Minnesota Medical Foundation

CREDIT CARD INFORMATION

The billing on your statement will be from the Minnesota Medical Foundation

Visa Mastercard AMEX

Card #: _____ Exp. Date: _____ CCV: _____

Name on card: _____

Signature: _____

For more information contact:

The Minnesota Medical Foundation at 612-624-4444 or log on to www.lightningrun.com.
Funds are received by the Minnesota Medical Foundation at the University of Minnesota for the DIIT.