

5th Annual Cruzin' for Life Car Cruise # _____

Benefits Marian Cancer Center / American Cancer Society

September 27 and 28, 2008

SANTA MARIA FAIRPARK • 937 S. Thornburg • Santa Maria, CA 93458 •
 Mail completed form and check payable to Cruzin' for Life-PO Box 7145-Santa Maria, CA 93456-7145
 Info: Bob 937-8008 / Terri 922-7378 x311 / www.cruzinforlife.net or cruzinforlife@verizon.net

CAR INFORMATION (One entry form per vehicle)

Name: _____ Car Club: _____
 Address/City/Zip: _____
 Phone: _____ Email: _____ License # _____
 Car Year _____ Make _____ Model _____ Color _____

REGISTRATION & PROMOTIONAL

Early Registration	Prior to 9-1-08	@ \$20.00	\$ _____
Late Registration	After 9-1-08	@ \$25.00	\$ _____
Burnout Competition	(includes registration fee)	@ \$45.00	\$ _____
Burnout Admission Tickets (children under 5 free)	# of Tickets _____	@ \$5.00 ea	\$ _____
Dinner/Dance/Auction Tickets	# of Tickets _____	@ \$30.00 ea	\$ _____
Raffle Tickets (1 st prize \$2500, 2 nd \$1,000 3 rd \$500)	# of Tickets _____	@ \$10.00 ea	\$ _____
Color Logo T-Shirts/Hats	Size: _____	@ \$18.00 ea	\$ _____
Color Logo Sweatshirts/Polo Shirts	Size: _____	@ \$30.00 ea	\$ _____
Total Payment Enclosed	Check	Credit Card	\$ _____

Card Number	Expiration Date	Zip Code
Authorized Signature	MC Visa Disc Amex Type of Card	3 Digit Security Code

GENERAL INFORMATION

Early registration must be received by September 1, 2008. The SM Style Dinner Dance tickets are limited to 600. Early purchase will help to secure your dinner tickets since sales are on a first come first serve basis. Sign up early, last year's dinner/dance was sold out. **Burnout competitors must include a copy of proof of insurance, be a minimum of 18 years old and no passengers will be allowed in the Burnout Competition.**

- I know a cancer survivor and would like them to cruise in my car. (complete information below)
- I would like to have a cancer survivor assigned to my car for the Broadway Cruise.
- I would like to donate blood at the Saturday event and will contact Claire Sheehy @ Tri-Counties Blood Bank @ 805-928-2546.

Cancer Survivor's Name: _____
 Address/City/Zip: _____
 Phone/Email: _____

LIABILITY RELEASE

In consideration of acceptance of the right to participate and by acceptance of this form, I/We shall indemnify and hold harmless the event sponsors including but not limited to Cruzin' for Life, Marian Cancer Center, Santa Maria Fairpark, County of Santa Barbara, City of Santa Maria, Santa Maria High School and the American Cancer Society and their officers, directors and representatives and anyone else connected with management from any liability claims, demands, costs, expenses, property damage, personal injuries, attorney fees and causes of action of any kind arising out of or connected in whole or part with participants/entrant's use or agents, employees, customers, invitees, contractor or subcontractors, in connection with such use of occupancy. I further relinquish any and all rights to photographic images, videos or electronic devices for the use in marketing and promotion.

 Signature _____ Date