



SANFORD EMPLOYEE PRE-REGISTRATION

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____

Passenger Info: (**passenger is free or addl \$20 if t-shirt, Ribfest ticket & poker hand desired**)

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____

Pre-Registration Cost:

- \$20 Registration per person (includes ride, t-shirt, gift bag, & free RibFest ticket)
- * \$25 Day of event

Total Registrants: _____ @ _____ Total Cost: _____

Starting Location:

- | | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Sioux Falls | <input type="checkbox"/> Madison | <input type="checkbox"/> Vermillion | <input type="checkbox"/> Webster |
| <input type="checkbox"/> Brookings | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Aberdeen | |
| <input type="checkbox"/> Chamberlain | <input type="checkbox"/> Orange City | <input type="checkbox"/> Watertown | |

Payment Options:

- Employee Payroll Deduct: Employee #: _____
- Check (attached)
- Credit Card Number: _____
 Name as listed on card: _____
 MC VISA DISCOVER Exp Date: _____

T-Shirts: please circle your size: **Adult:** S M L XL 2XL 3XL

Please return this form to the Children's Miracle Network Office or via email at

Kim.Haiar@sanfordhealth.org

