R RE	REGISTRATION FORM	
	REGISTRATION FORM February 22 – 27, 2024	
K.R.F		
Name (p	er Photo ID):	
Address:	-	
City	State:Zip:	
DOB:		
Home ph	none:Office phone:	
Cell phor	ne:E-mail:	
Share co	ondo with:	
Name ar	nd address of potential participant:	
Soutwes	st Airlines Rapid Rewards Number:	
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l can dor Lift ticke	nate prizes to the auction or know someone who can:         et: not included. Purchase at www.epicpass.com.         Base trip: \$2,450.00         Ski rental: \$160.00	
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Lift ticke Prices: Payment	nate prizes to the auction or know someone who can:     et:   not included. Purchase at www.epicpass.com.   Base trip: \$2,450.00   Ski rental: \$160.00   Ski rental: \$160.00   Air credit: (\$325.00)   Total :   \$	



## **RELEASE FORM**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby release and discharge Leukemia Research Foundation and their affiliates, subsidiaries, parents, nominees, contractors, agents, employees, volunteers, workers, officers, directors, shareholders, successors, and assigns from any and all liabilities, claims, injuries, losses, damages, obligations, demands, actions, causes of action, lawsuits, or judgements arising out of or incident to or in connection with my participation in the Leukemia Research Foundation annual Ski for Research trip to Beaver Creek, CO from February 22–27, 2024. This release shall bind me and my heirs, legal representatives and assigns. I have read this release and understood it and have executed it voluntarily.

Dated

Signature\_\_\_

Print Name\_\_\_

Please return this form with your \$900 deposit made payable to Leukemia Research Foundation to:

Gerry Brin Leukemia Research Foundation 191 Waukegan Rd. #105 Northfield, IL 60093 847.424.0600

847.452.8031 (cell) GEEB@aol.com