



Chunky Monkey Epilepsy Run

Half Marathon, 5K, & Kid's Run

Yellowstone Golf Course, 15750 County Q Rd, Blanchardville, WI 53516
www.chunkymonkeyrun.com

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ APT #/UNIT _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ EMAIL _____

Gender Male Female BIRTHDAY (Required) ____/____/____ AGE ON 11/05/2025 _____

EMERGENCY CONTACT NAME: _____ NUMBER: (____) _____

SHIRT SIZE-YOUTH:	S	M	L		
SHIRT SIZE-ADULT:	S	M	L	XL	2XL

(REGISTER ON OR BEFORE 10/14 to guarantee a shirt) Half is \$60 if registered before 7/31

_____ Half Marathon (\$65) _____ 10-10:15 am -5K age 11-17 (\$15)

_____ Kid's Run (10 & under) Free _____ 10-10:15am - 5K age 18+ (\$25)
Add \$10 if you would like a shirt for the kid's run

(Make Checks Payable to: Team Mathias Fund)

Method of Payment: _____ Cash _____ Check # _____

Total Payment \$ _____

Refund Policy: Chunky Monkey Epilepsy Run has many upfront costs, we have a strict uniform policy of no refunds or exchanges, or no deferrals to a future year. We do understand that plans change, injuries happen, and various personal situations arise, but, we feel it is most fair to apply a uniform policy to all. All purchases and sales are 100% final, no exceptions. Refunds will not be issued based on weather conditions.

_____ I have read and understood the policy that there are NO refunds, NO exchanges, or NO Deferrals

Waiver:

(Must be signed to participate) In consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, personal representatives, successors, administrators, and assignees do hereby release, and discharge sponsors, supporters, volunteers, and officials associated with "The Chunky Monkey Epilepsy Run" of all claims, damages, injuries or actions suffered by me or arising out of my participation in said event. I am physically fit and have sufficiently trained to participate in this event. By signing below, I give permission without compensation to use my likeness in photographs for purposes of promoting The Chunky Monkey Epilepsy Run and Team Mathias. I agree to abide by all the rules of participation and acknowledge that the race committee may refuse or return any entry at its discretion.

Signature of Participant: _____ DATE: ____/____/____

Mail Form & Payment: Team Mathias Fund. P.O. Box 152. Argyle. WI. 53504

For each additional family member participating in the run or walk, enter their information below.

Name: (First, Last) _____
Age as of November 5, 2025 _____ Date of Birth ____/____/____ Gender (Circle): Male___ Female___
I wish to participate in: Half Marathon _____ Kids Fun Run _____ 5K Run/Walk___
T-shirt Size (Circle): S M L XL 2XL Youth Sizes (Circle One) YS YM YL

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