

# Dairy Cares: Kickin' It with the Cows

## REGISTRATION FORM - Cash or Check Only

Circle if:  
**TEAM CAPTAIN**

Name \_\_\_\_\_  
First Last Middle Initial

E-mail Address \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Dairy Cares  
**Kickin' It with the Cows**



**Circle the Options Below**

**Registration:** Individual / Child (11 & Under) / GROUP

Fee Structure - Ind - \$25 (ends may 26<sup>th</sup>) \$30 (ends July 5<sup>th</sup>) \$35 (after July 5<sup>th</sup>)  
Chd - \$15 (ends July 5<sup>th</sup>) \$20 (after July 5<sup>th</sup>)  
Grp - \$20 (ends may 26<sup>th</sup>) \$25 (ends July 5<sup>th</sup>) \$30 (after July 5<sup>th</sup>)

**Team/Group Name** \_\_\_\_\_

**5K & 10K Run/Walk**  
Benefiting  Children's  
Hospital of Wisconsin

**Gender:** Male / Female

**What distance would you like to Walk/Run?** 1 Mile (untimed) / 5K / 10K

**How did you hear about the event?** Facebook / Friends / Family / Print Advertising

**Shirt Size:** CHILD - S M L  
ADULT - S M L XL XXL (add \$2) XXXL (add \$3)

**Additional Donation(s):** \$5 \$10 \$25 \$50 \$100

**Mail Cash/Check and Registration Form to:**

Ashley Brantmeier  
Dairy Cares of Wisconsin  
N3569 Vanden Bosch Road  
Kaukauna, WI 54130  
Phone: (920) 766-5335 ext. 4644  
Fax: (920) 766-3579  
Email: [ashleybrantmeier@milksource.net](mailto:ashleybrantmeier@milksource.net)

**TOTAL AMT INCLUDED** \_\_\_\_\_

Questions?

Contact: Mike Kuehl

E-mail: [kuehmr21@gmail.com](mailto:kuehmr21@gmail.com)

Phone: (920) 737-8773