

# Law Enforcement Torch Run—Final Leg Registration Form



Register online and receive donations online at [www.FinalLegWi.org](http://www.FinalLegWi.org)

## 2019 Torch Run

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

I am a(n) -  Officer       Civilian

Retired     DOC employee     Athlete

Rank \_\_\_\_\_

Gender:     Male     Female

Department/Agency:  
\_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Donors Name	Amount

\*By registering for this event, I grant Special Olympics Wisconsin permission to use my likeness, voice and words in television, radio, film or in any form to promote the activities of Special Olympics.