



# Request to Participate For the \_\_\_\_\_ Family

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The (14<sup>th</sup> Annual) "Zoeller Ministries - Kids Racing for Life" will be held at Sebring International Raceway, Sebring, Florida, 7<sup>th</sup>, 8<sup>th</sup>, & 9<sup>th</sup>, of September, 2012. We are taking and looking for NEW Families to enjoy this event. Because T-shirts, food ordering and space availability require this information in a timely fashion, we are requesting you to submit your application as soon as possible, for those who would like to participate in the event this year. Families that have **NEVER** been before, children that are going through treatment &/or that are within 12 months of receiving treatment will have final priority. You will be notified on the status of your request as soon as possible in August. This application is "**Confidential**" and will only be used by the Ministry to Plan for the needs for the event. Racing conditions and surprises often take place and event activities can change at any time. **Please do not bring any scooters, skates, bicycles, etc, as the track does not allow them. Golf carts or ATV's must have proof of (One Million Dollars) Liability Insurance and will be under the control of the Chief Stewart of the Race.**

\*\*\*\* **PLEASE CAREFULLY PRINT CLEARLY! ALL INFORMATION MUST BE IN ENGLISH.** \*\*\*\*

**Your Contact Information:** names, phone numbers and best times of days we may reach you, **please print neatly.** Last Name \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**Important:** Email address \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Circle Best Number and time to call: \_\_\_\_\_

**ADULTS:** We speak ----- English, ----- Spanish, ----- multi-lingual.

**(All adults must bring a valid photo ID to event registration, names on ID must match names on registration)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size (men's): \_\_\_\_\_ Special Needs \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size (men's): \_\_\_\_\_ Special Needs \_\_\_\_\_

✓ We will be able to pay for our own room. Yes \_\_\_\_\_ No \_\_\_\_\_

Form prepared and submitted by: \_\_\_\_\_ (please **PRINT** your full name and title/relationship to participant)

X \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

**(please sign both sides** Page 1)

**DO NOT WRITE BELOW THIS LINE!**

**MINORS:**

Please \*\*\*PRINT\*\*\*

(Under age 18 must have parent with them at the track.)



**IS YOUR CHILD IN TREATMENT OR WITHIN 12 MONTHS OF RECEIVING TREATMENT?** YES \_\_\_\_\_ NO \_\_\_\_\_

<u>Last Name</u>	<u>First Name</u>	Male/Female?	Date Of Birth	Youth or Adult Size	Special Needs
_____	_____	M F	DOB: _____	Shirt Size ? _____	_____
_____	_____	M F	DOB: _____	Shirt Size ? _____	_____
_____	_____	M F	DOB: _____	Shirt Size ? _____	_____
_____	_____	M F	DOB: _____	Shirt Size ? _____	_____

**Other Special Needs:** Please answer each question by putting a circle around the correct response.

We need to talk with you about other needs:	Yes	No	We will need transportation help to and from the Sebring Track :	Yes	No
We have other special medical needs:	Yes	No	We will participate on	Friday, Saturday and Sunday	Yes No
We have wheel chair needs:	Yes	No	We <b>WILL</b> be there: circle;	Friday, 8-8 Saturday, 8-9	Sunday. 8-5
Please explain: _____			We need a room for:	Thursday, Friday, Saturday night's	
We will arrive about _____	PLEASE NOTE WE WILL NEED HELP WITH TEARDOWN SUNDAY AFTERNOON				

**Please NOTE: You are welcome to come on Friday, however YOU may be responsible for SOME of your own expenses on Friday! We hope NOT!**

**Depending on Donations, this should be covered if possible, we will advise you on the Wednesday before you leave.**

We need all of the above information in order to provide the correct t-shirt sizes and the proper amount of food for each meal without waste.

This event is held at a motor racing facility. All applicable insurance waivers must be signed by **BOTH** parents. If there is only one parent or guardian, Please call Zoeller Ministries at number below. Insurance waivers may be done on Friday morning or Friday night if either legal parents or applicable legal guardians are in attendance (note: one parent or legal guardian **must be present** and that signing participant(s) must have applicable ID).

If you have questions, please contact Stephen or Stephanie Zoeller at 239-945-3333. We will do anything possible to help with this process. These rules are set up by legal council for the racing clubs and the facilities and cannot be changed.

We would love to have you join us in September for this year's, 14th, Annual "Zoeller Ministries Kids Racing for Life" this is our 13<sup>th</sup> event at the famous Sebring International Raceway, and it is being sanctioned by the PBOC (Porsche, BMW, Owners Club). They put on quite a show and are excited about you being there. Please join Zoeller Ministries and the PBOC for this Race. Remember we are the guest of PBOC. Other Sponsors will be introduced at the event that helped to make this year happen.

Please complete this form and return to Zoeller Ministries, Inc. Post Office Drawer 6885, Fort Myers, Florida 33911-6885. **We must have the original form back, as soon as possible and signed.** Thank you and We hope you have a great time. Stephen and Stephanie Zoeller

X \_\_\_\_\_ Date: \_\_\_\_\_ (please sign both sides Page 2)

(Signature)

**DO NOT WRITE BELOW THIS LINE**

Family Name