

2019 Indy Grimo Coffin Race

Team Registration Fee: \$45.00

There are two options to submit this form/payment.

1. Print/fill out the form/email back to Indy Grimo LLC and request an electronic invoice which will allow for online payment via debit/credit card securely through Square Inc (merchant processor).
2. Print/fill out the form/mail back to Indy Grimo LLC along with payment (check or money order) to the information below. Makes payments payable to Indy Grimo LLC.

Indy Grimo LLC

P.O. Box 11404

Indianapolis, IN 46201

The Indy Grimo Coffin Race is a charitable event. All proceeds from this event will be donated/split to the: Irvington Community Council, the Otterbein Neighborhood Association and The Pour House, Inc. We welcome any additional donations as well.

ALL participants will be required to sign a "Hold Harmless/Liability Release Waiver" the day of event. No one under the age of 13 (day of event) will be allowed to physically participate, no exceptions. All minors under the age of 18 will require guardian/parental consent and signature. All teams and their entourage (regardless of age) are highly encouraged to participate with Indy Grimo Limousine Service in the Irvington Halloween parade at 4:00pm! Indy Grimo Coffin Race award ceremony to follow at 4:30pm which will be combined with the Historic Irvington Halloween Festival costume contest ceremony.

ALL registrations forms/payments must be received no later than 10:00am (EST) on Saturday, October 26th, 2019 - no exceptions. There will be no refunds whatsoever at any time.

In the event of inclement weather and the festival is closed Indy Grimo will have a follow-up date (rain date) for the Coffin Race to occur. Indy Grimo will make every attempt to host the race again on the following Saturday November, 2nd at the same location and time as the originally scheduled event.

Sponsorship opportunities are available also, please email indygrimo@gmail.com

Coffin Race Team Name: (Please keep this rated "E – Everyone") _____

List Runners Names (plus one alternative):

1. _____

2. _____

3. _____

4. _____

5. (ALT. Runner): _____

List Rider Name: _____

Please do not fill out below this Line

Check# _____ Invoice # _____ Date Received: _____

