



**April 16, 2022 • 7:30 am**

**Orlando Executive Airport**

**REGISTRATION FORM**

**All proceeds benefit Angel Flight Southeast**

Angel Flight Southeast's mission is to arrange free flights so children and adults can have access to the far from home doctors that save their lives.

**Entry Fee**

\$25 Pre- Registration / \$30 Day of Event  
T-shirt to the first 250 registered!

All proceeds benefit the Angel Flight Southeast

**Day of Registration - 6:30a.m.**

Register ahead of time at  
Runsingup.com



Scan to  
register now!

**Awards**

Overall Male/Female Winner  
Top 3 Male/Female in each age category

**Packet Pickup**

Packet pickup will be April 15th • 12 pm - 6 pm  
Greater Orlando Aviation Authority  
Orlando Executive Airport  
365 Rickenbacker Drive  
Orlando, FL 32803

**Course**

Road race through the airport and on the runway.  
USTAF certified course race and chipped  
timed finish organized by MCM Timing.

**For More Info Contact:**

Toni Ryll • 772-215-9408  
toni@teamholland.info

**Registration Form** (please write clearly)

First & Last Name: \_\_\_\_\_

Gender (circle one): M    F    Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_    Shirt Size:    Unisex: S    M    L    XL    2XL    Youth:    S    M    L    XL

I hereby express and affirmatively state that I, or my child named herein wish to participate in the above stated activity. I realize that participation in the activity involves risks of injury, including but not limited to loss of future earning capacity, loss or damage to personal property, various degrees and severity of injury, all other possible risks of injury and even death which occur by reason of me/ my child's participation and release the Sheltair Aviation and its agents and employees there from. I intend to be legally bound, and do hereby, for myself, my heirs, and executors, waive and release any and all rights and claims for damages, which I maybe have or which may hereinafter accrue to me. If I, or participant I represent, should suffer injury or illness I authorize officials of the race to use their discretion to be transported to a medical facility and I take full responsibility for this action. I voluntarily choose to participate, or allow my child to participate, assuming all risks. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any record for this event for any purpose.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_    Date: \_\_\_\_\_

Make check payable to: Angel Flight Southeast  
Please mail this form and payment to: Team Holland  
2009 NE Ginger Terrace, Jensen Beach, FL 34947