

CRFD Firefighter Calendar



ORDER FORM

WWW.RUNCR.ORG

Due Monday, December 12

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CHECK: If paying by check, make your check payable to
CRFirecracker5K and mail or deliver this form and your check to:
Fire Station 1: 1460 Egret Blvd. NW Coon Rapids, MN 55433.
ATTN: Captain Tim Gilsrud

CREDIT CARD: If paying by credit card, include the following
information and mail this form to:
Fire Station 1 at 1450 Egret Blvd. NW Coon Rapids, MN 55433.
ATTN: Captain Tim Gilsrud

_____ Visa _____ MasterCard

Name on Card: _____ Exp Date: _____

Card Number: _____ Security Code: _____

Calendar Quantity: _____ Total: _____

Proceeds benefit the CRFD Community Fund (501c3) & CR Firecracker
5K/10K. Proceeds are distributed back into the community for various com-
munity events.

Calendars will be mailed the second part of December at the address
provided.