

GROUP REGISTRATION FORM

GROUP NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

EMAIL: _____

TOTAL ENCLOSED: \$ _____

CREDIT CARD#: _____

3-DIGIT NUMBER ON BACK _____

CREDIT CARD TYPE _____

EXP. _____

WHICH RACE?: 5K RUN _____ 5K WALK _____

PLEASE FILL OUT SECOND PAGE WITH NAMES
OF ALL PARTICIPANTS

Group Rate: \$10 per person (if registered before Oct. 17)
(under 10 Free)

