



Registration Form 2015

Race Date: Sat, Sep 12, 8:00 am Start
Location: Arlington Elementary School

11825 Douglas Street, Arlington

Fee

- | | |
|---|---------------------------|
| <input type="checkbox"/> Individual | \$35.00 |
| <input type="checkbox"/> Part of Group of 3 | \$95.00 |
| <input type="checkbox"/> Part of Group of 5 | \$150.00 |
| <input type="checkbox"/> Sponsor Entry | \$0.00 (first 2 entrants) |

Early Packet Pick-up:

Thursday, Sep 10, 3:00-6:00pm

Friday, Sep 11, 9:00am-Noon

Chamber Office:

12015 Walker Street, Arlington

Sponsor Name if part of sponsor entry

First Name

Middle Initial

Last Name

Gender: M F
 (Circle One)

Birth Date: _____ Age on Race Day: _____

E-mail: _____

Address

City

State

Zip

Phone

T-shirt Size: _____ (Shirts are dri-fit, **sizes run small**) Early registration assures your size is reserved; shirts reserved by registration date, when sizes are gone, closest size will be given.

I was encouraged to register by _____ (if applicable) at _____
Teacher or staff member School

By registering for the Arlington 5K, you waive all parties involved from liability.

Participant Signature

Date

Signature of Authorized Person if Participant is under 18 years of age