



# Registration Form 2014

## Fee

- ☐ Individual \$35.00
- ☐ Part of Group of 3 \$95.00
- ☐ Part of Group of 5 \$150.00
- ☐ Sponsor Entry \$0.00 (first 2 entrants)

\_\_\_\_\_  
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: \_\_\_\_\_

**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