

## 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 spor	nsor 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:	_		
I was encouraged to register	by	(if applicable) at	
	Teacher or staff member		School
By registering for the Ar	lington 5K, you waive all part	ties involved from lia	ability.

Participant Signature

Date

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