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Registration Form 2016 Race Date: Sat, Sep 10, 8:00 am Start Location: Arlington Elementary School 11825 Douglas Street, Arlington

Fee Individual	\$35.00	11825 Douglas Street, Arlingto
		Early Packot Dick up:
□ Part of Group of 3	\$95.00	Early Packet Pick-up:
Part of Group of 5	\$150.00	Thursday, Sep 8, 3:00-6:00pm
Sponsor Entry	\$0.00 (first 2 entrants)	
		Chamber Office: 12015 Walker Street, Arlington
Sponsor Name if part of sp	onsor entry	12013 Walker Street, Annigton
First Name	Middle Initial	Last Name
Gender: M F (Circle One)	Birth Date:	Age on Race Day:
E-mail:		
Address	<u> </u>	City State Zip
	C	
Phone		
T-shirt Size:	(Available sizes: Youth	n M, Youth L, S, M, L, XL, 2X, 3X)
		ssures your size is reserved; shirts reserved
by registration date, when	sizes are gone, closest size	e will be given.
I was encouraged to registe		(if applicable) at
	Teacher or staff	f member School
By registering for the A	Arlington 5K, you waiv	e all parties involved from liability.
Participant Signature		Date
Signature of Authorized Perso	on if Participant is under 18 y	 years of age