



Registration Form 2019

Race Date: Sat, Sep 7, 8:00 am Start

Location: Arlington Elementary School

11825 Douglas Street, Arlington

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

Early Packet Pick-up:

Thursday, Sep 5, 3:00-6:00pm

Friday, Sep 6, 8:00-11:00am

Chamber Office:

12015 Walker Street, Arlington

Sponsor Name if part of sponsor entry

First Name Middle Initial Last Name

Gender: M F Birth Date: _____ Age on Race Day: _____
(Circle One)

E-mail: _____

Address City State Zip

Phone

T-shirt Size: _____ (Available sizes: Youth M, Youth L, Adult sizes: S, M, L, XL, 2X, 3X)
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