

## **Registration Form 2020**

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

11825 Douglas Street, Arlington

☐ Individual	\$35.00	
☐ Part of Group of 3	\$95.00	Early Packet Pick-up:
☐ Part of Group of 5	\$150.00	Thursday, Sep 10, 3:00-6:00pm
☐ Sponsor Entry	\$0.00 (first 2 entrants)	Friday, Sep 11, 8:00-11:00am
		Chamber Office:
Sponsor Name if part of sp	onsor entry	12015 Walker Street, Arlington
First Name	 Middle Initial	 Last Name
THIST Name	Wildule IIIItiai	Last Name
Gender: M F (Circle One)	Birth Date:	Age on Race Day:
E-mail:		
Address	City	State Zip
Phone		
T-shirt Size: (Av	ailable sizes: Youth M, Youth L,	. Adult sizes: S, M, L, XL, 2X, 3X)
· · · · · · · · · · · · · · · · · · ·	small. Early registration assure sizes are gone, closest size will	es your size is reserved; shirts reserved be given.
I was encouraged to regist	er by	(if applicable) at
	Teacher or staff men	mber School
By registering for the	Arlington 5K, you waive all	parties involved from liability.
Participant Signature		Date
		<u>—</u> .
Signature of Authorized Pers	on if Participant is under 18 years	of age