<ul> <li>Individual</li> </ul>	Race Date: Sa	ation Form 2021 t, Sep 11, 8:00 am Start ton Elementary School 11825 Douglas Street, Arlingtor
<ul> <li>Part of Group of 3</li> </ul>	\$95.00	Early Packet Pick-up:
<ul> <li>Part of Group of 5</li> </ul>	\$150.00	Thursday, Sep 9, 3:00-6:00pm
Sponsor Entry	\$0.00 (first 2 entrants)	Friday, Sep 10, 8:00-11:00am Chamber Office:
Sponsor Name if part of sp	onsor entry	12015 Walker Street, Arlington
First Name	Middle Initial	Last Name
Gender: M F (Circle One)	Birth Date:	Age on Race Day:
E-mail:		
Address	City	State Zip
Phone		
Shirts are dri-fit, <u>sizes run s</u> by registration date, when	sizes are gone, closest size will l	s your size is reserved; shirts reserved be given.
i was encouraged to regist	Teacher or staff mem	(if applicable) at ber School
By registering for the A	Arlington 5K, you waive all	parties involved from liability.
Participant Signature		Date
Signature of Authorized Perso	on if Participant is under 18 years c	_ of age