



Registration Form 2025

Race Date: Sat, Sep 6, 8:00 am Start
Location: Arlington Elementary School
11825 Douglas Street, Arlington

- | | |
|---|---------------------------|
| <input type="checkbox"/> Individual | \$35.00 |
| <input type="checkbox"/> Part of Group of 3 | \$95.00 |
| <input type="checkbox"/> Part of Group of 5 | \$150.00 |
| <input type="checkbox"/> Sponsor Entry | \$0.00 (first 2 entrants) |

Sponsor Name if part of sponsor entry

Early Packet Pick-up:

Thursday, Sep 4, 3:00-6:00pm

Friday, Sep 5, 8:00-11:00am

Chamber Office:

6280 Chester St, #101, 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

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