

REGISTRATION FORM

5K Walk/Run for FREEDOM | SATURDAY, MAY 6 | 8:00AM – 8:45AM REGISTRATION | 9:00AM RACE
UPPER SACUON TOWNSHIP COMMUNITY PARK | 3231 PRESTON LANE, CENTER VALLEY, PA

<u>INDIVIDUAL REGISTRATION</u>	<u>FAMILY REGISTRATION</u>	<u>TEAM REGISTRATION</u>	<u>T-SHIRT INFORMATION</u>
<u>AGES 13 YRS TO ADULT</u> \$30 By 4/14/17 \$35 After 4/14/17	<u>AGES 13 YRS TO ADULT</u> \$30 By 4/14/17 \$35 After 4/14/17 <u>AGES 6 YRS TO 12</u> \$20 By 4/14/17 \$25 After 4/14/17 KIDS 5 YRS OLD & UNDER FREE	<u>10 PEOPLE TO BE A TEAM</u> <u>AGES 13 YRS TO ADULT</u> BY \$20 By 4/14/17 \$25 After 4/14/17 6 YRS OLD TO 12 \$15 By 4/14/17 6 YRS TO 12 AFTER \$20 4/14/17 CAN WIN AWARD FOR MOST SPIRITED	Everyone is guaranteed a FREE T-SHIRT if you register by 4/14/17 After 4/14/17 T-shirts are not guaranteed T-shirts will be available the day of the event ADULT SIZES AVAILABLE SMALL, MED, LARGE, XL, 2XL

COLLECTING SPONSORS

RAISE \$50	Registration Fee Waived
RAISE \$250	Receive a \$20 My Sister's Closet gift certificate
RAISE \$500	Receive a \$50 gift certificate to Chick-fil-A
RAISE \$ 1,000	Receive a \$100 gift certificate to Rodizio Grill & your name will be entered into a drawing to win a Chocolate Lover's Basket Valued at \$75
MAIL FORMS & MAKE ALL CHECKS PAYABLE TO TRUTH FOR WOMEN 3400 BATH PIKE SUITE 103 BETHLEHEM PA 18017	

INDIVIDUAL REGISTRATION

Name: _____ Walk ___ Run ___ E-mail _____

Address: _____ City _____ State _____ Zip _____

Amount Enclosed \$ _____ Date _____

Collecting Sponsor Yes _____ TOTAL COLLECTED IN SPONSORS \$ _____

Date Registered _____

T-Shirt Size Please mark (X) SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____ 2XL _____

FAMILY REGISTRATION

Name: _____ Walk ___ Run ___ E-mail _____

Name: _____ Walk ___ Run ___ E-mail _____

Address: _____ City _____ State _____ Zip _____

Child: _____ Age _____ Child: _____ Age _____

Child: _____ Age _____ Child: _____ Age _____

Child: _____ Age _____ Child: _____ Age _____

Amount Enclosed \$ _____ Date _____

Collecting Sponsors \$ _____ Date _____

T-Shirt Size (Please write number) SMALL _____ MEDIMUM _____ LARGE _____ X-LARGE _____ 2XL _____

TEAM REGISTRATION NEEDS 10 PEOPLE TO BE A TEAM

TEAM NAME: _____

Date Registered _____

TEAM CONTACT NUMBER: _____

NAME 1: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 2: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 3: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 4: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 5: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 6: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 7: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 8: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 9: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

NAME 10: _____ Walk ___ Run ___ Email _____

ADDRESS: _____ City _____ State ___ Zip _____

AGE _____ If child

T-Shirt size Please mark the total number in section

SMALL _____ MEDIMUM _____ LARGE _____ X-LARGE _____ 2XL _____

Please see first page for the fees/ages

Amount Enclosed \$ _____ Date _____

I know that participation is an off road walk/race. I will not enter and participate unless I am medically able. I assume all risk from participating in this event and its related activities, including but not limited to, falls contact with participants, effects of the weather and conditions of the course, all such risks being known and appreciated by me. Having read this waiver and release and knowing these facts and in consideration of your accepting my registration fee and participation I, for myself and anyone entitled to act on my behalf, waive and release the Truth for Women Center, the State of Pennsylvania, all sponsors and their respected affiliates, volunteers, all related activities, which I or my successors, assigns for heirs may ever have now or in the future against any of them. I grant permission to all of the foregoing to use any photographs or recordings of this event for any lawful purpose.

Signature of Participant

Date