



Event Pre-Registration Form

Sunday, October 29, 2017 @ 10:15 am

Stone House Park, Wyomissing, PA

Run Information - check event entered:

- 5K Run..... (\$30)
- Team - 4-6 people..... (\$120)
- .3 Mile Fun Run..... (\$10)

TEAM REGISTRATION OPTION!

Get a team of 4-6 people together and save \$\$ - and race times counts toward individual awards as well!

Participant Information: Last Name: _____ First Name: _____

Male Female Race Day Age: _____ Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Shirt Size - check one S M L XL (Long-sleeve T for 5K & Team registrants only, while they last!)

If registering as a team: Team name: _____

Note: Team registrations final, no substitutes and no same day team registration! Teams limited to 4-6 members, no more, no less! Please include all team member names and signatures on this registration form!

Additional Registrants/Team Members:

- Name: _____ M F Age: _____ 5K .3 Mile Team Shirt Size (5K only) S M L XL
- Name: _____ M F Age: _____ 5K .3 Mile Team Shirt Size (5K only) S M L XL
- Name: _____ M F Age: _____ 5K .3 Mile Team Shirt Size (5K only) S M L XL
- Name: _____ M F Age: _____ 5K .3 Mile Team Shirt Size (5K only) S M L XL
- Name: _____ M F Age: _____ 5K .3 Mile Team Shirt Size (5K only) S M L XL

In consideration of your permitting me to participate in this event, on behalf of myself, my heirs, executors, administrators, successors and assigns, I hereby waive and release all rights & claims for damages which I may have against you or your assigns, the municipalities in which the event occurs, or anyone connected with the event, their heirs, executors, administrators, successors, and assigns, for any and all injuries or illnesses which I may suffer as a result of taking part in the event. I grant permission to use my name or any audio/visual recording of me for any lawful purpose.

NOTE: Volunteers will be on hand to guide participants, but roads will be open to traffic.

I have read & understand the above waiver. ALL participants (above) must sign below!

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Parent Signature (if above are under 18 yrs.): _____ Date: _____

Parent Signature (if above are under 18 yrs.): _____ Date: _____

Please complete next page!

Total # of 5K Run/Walk Registrations _____ x \$30 ea.	\$ _____
Total # of 5K Run Team Registrations _____ x \$120 ea.	\$ _____
Total # of .3 Mile Run Registrations _____ x \$10 ea.	\$ _____
<i>Optional donation to Lauren's Foundation (you may select fund for donation, below)</i>	<i>\$ _____</i>
Total Enclosed	\$ _____

Please mail completed form, with payment by 10/21 to:

A Running Start
705 Penn Avenue
West Reading, PA 19611

Please make checks payable to ***"Lauren's Foundation"***