

WOMEN'S HEALTH DAY 5K RACE AND FAMILY FUN WALK

RUN /WALK REGISTRATION FORM

INDIVIDUAL NAME	AGE	DOB	SEX (M/F)	Shirt size (S – 2XL)

CHECK EVENT : 5K Run _____ 5K Walk _____

FAMILY NAME	AGE	DOB	SEX (M/F)	Shirt size (s – 2XL)

Youth sizes (sm., med., lg.)

NOTE: Limit 4 t-shirts per family (each additional shirt costs \$10)

CHECK EVENT : 5K Run _____ 5K Walk _____ 1 mile Fun /Run _____

(age 12 and under)

In consideration of acceptance of this entry, I / we waive any and all claims for myself and my heirs against officials or sponsors for the Junior Friday Club's Women's Health Day 5K Race/ Family Walk for injury or illness which may directly or indirectly result from participation. I / we further state that I / we am in proper condition to participate in this event. I / we also give my permission for the free use of my name and/or picture in accounts of this event.

Signature _____ Date _____
(parent's signature if under 18)

Payment available on-line @ christinafoundation.com

Please mail completed registration form w/ copy of Paypal receipt

Make checks payable to: Christina S. Walsh Breast Cancer Foundation
Please enclose your payment with order form.

Mail to: Christina S. Walsh Breast Cancer Foundation
P.O. Box 401, New Brunswick, NJ 08903-0401 Att: Registration Committee

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