

5K Registration Form - 2024

Name: _____

Address: _____

Age Group:? _____ (age groups: 0-19, 20-34, 35-64, or 65-100)

Veteran? _____ (yes or no)

Military Branch? _____ (enter branch or "supporter" if you are a civilian)

Wheelchair Registrant? _____ (yes or no)

Registration Fee: _____ (\$15 payment by which method cash or check?)

Shirt Size S M L XL XXL XXXL (please circle one)

General Waiver? _____ (Did you receive the wavier form? - yes or no)

***Note :** Please be advised that the waiver form must be **signed** and **returned** to the Veterans' Service Office before you can participate in the 5K Run.*

Signature: _____

Date: _____