

5K Registration Form - 2025

Name: _____

City & State: _____

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 sign the waiver form? - yes or no)

*Please be advised that the waiver form must be **signed** and **returned** to the Veterans' Office.*

Signature: _____

Date: _____

*****Note:** If you are unable to attend the event, after paying, you must call the office to make arrangements to pick up your shirt. Thank you for your participation!