5K Registration Form - 2026

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: _____ (**$10.00** payment by which method cash or check?)

Headband Yes No (please circle one)

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

*Please be advised that the waiver form must be **reviewed** and **signed** to participate!*

Signature: _____

Date: _____