

5K For Veterans Runner # _____

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

Birthdate ____/____/____ Age _____ Sex M F

____ 5K Run ____ 5K Walk ____ Unable to attend, but would like to make a donation

Shirt size ____ S ____ M ____ L ____ XL

Signature _____

I Hereby waive and release all rights for claims or damages or suit I may have against Forest Hills Area high school, DNA Spine and Sports Medicine Center and any other officials and sponsors of the 5K for Veterans to be held June 16th, 2012 in Sidman, PA.

Pre-Registration \$15, Day of event \$20

Payment type _____

Make Checks (Non-Refundable) payable to: 5K for Vets

5K For Veterans

Saturday, June 16th, 2012

Paid _____

*Any Questions or Comments contact Heather or Jessica at 814-254-4441 or
Visit our Facebook @ 5K for Vets.