

Registration Form

Please fill out completely and return it along with your payment (checks made payable to RDH12 Fund for Sight) to:

Jennifer Pletcher

2 Apple Ridge Lane

Littleton, MA 01460

ONE REGISTRATION FORM PER IMMEDIATE FAMILY. PLEASE UNDERSTAND THAT YOU CAN ONLY SIGN UP ON THIS FORM AS A FAMILY IF CHILDREN ARE LIVING WITH YOU AND ARE UNDER THE AGE OF 18. IF CHILD IS OVER 18, THEY NEED THEIR OWN FORM AND SEPARATE REGISTRATION.

Please make sure you put EVERYONE's NAME and AGE on this form. Also please sign the bottom of this form and mail in with your payment.

Name(s): _____ AGE(s): _____

Address: _____

City: _____ State _____ Zip _____

T-shirt size:

Child: 2/4 ___ 6/8 ___ 10/12 ___ 14/16 ___

Adult: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

Event:

5K walk/run _____ (\$25/person, \$70/family of 3 or more)

1 mile fun run/walk _____ (\$25/person, \$70/family of 3 or more)

Spirit Runner _____ (\$20/person/\$55/family of 3 or more)

Race only (no shirt) _____ (\$15/person)

Dessert Bar Only _____ (\$5/person)

Children under 3_____ (FREE, but no shirt)

Shirt only:_____(\$10/person)

I am unable to attend, but I would like to make a donation:_____

If you want to purchase Basket Raffle Tickets ahead of time so that they will be in your race packet when you arrive – you can do so on this form. YOU DO NOT HAVE TO. YOU CAN STILL PURCHASE TICKETS AT THE EVENT.

Basket Raffle #1 Tickets_____

Basket Raffle #2 Tickets_____

In consideration of my entry being accepted, I hereby for myself, my heirs, executors, successors, and assigns, wave, release, and discharge any and all right for damage or liability of any kind relating to or arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the entities or persons named in this waiver and release. I attest that I am physically fit to participate, my condition has been verified by a licensed medical doctor and I assume entry into this event at my own risk. I have read the above conditions and accept them and understand that I am entering at my own risk. Date_____

Signature:_____

(Parents must sign for children under 18)