

GOTTA RUN REGISTRATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

BIRTHDAY: _____

GOAL RACE: _____



- **T-SHIRT SIZE** (those who register by April 30th will receive a free shirt, extras are \$15 each. (Shirts are gender specific.))

- **EMERGENCY CONTACT:** _____

- **PHONE:** _____

Do you agree to allow pictures to be taken of you and used for marketing purposes? _____

Have you read, understand & agree with the Release & Waiver? _____

SIGNATURE & DATE: _____