



2009 TRUNK OR TREAT TROT

October 24- 9am

Participant Registration Form

Name: _____

Address: _____

City State Zip

Phone: _____

Home Cell

Emergency Contact: _____

Name Phone

Email Address: _____

Birthdate: / / Age on Race Day: _____

MM/DD/YY

Race Event: 5K (9am start) or 1 Mile Fun Run (9:15am start)

(Please Circle)

Gender: Male _____ Female _____

5K T-shirt Size: Child: M L Adult: S M L XL 2XL

(Please Circle)

5K Entry Fee: \$20 August 1 - October 17 (T-shirt guaranteed)

\$25 October 17-Race Day (T-shirts while supplies last)

1 Mile Fun Run: \$ 5 August 1-Race Day (T-shirts available for purchase race day while supplies last)



For Office Use Only

Cash \$ _____ Check \$ _____

(amount) (amount) (check #)