

Pre-Registration Form

Madi's Circle of HOPE

5K Run/Walk

Name: _____

Address: _____

E-mail: _____

Phone #: _____

Participation Cost:

Adults _____ X \$20 = \$ _____

Children _____ X \$10 = \$ _____

Optional Items:

Bracelets _____ X \$5 = \$ _____

Decals _____ X \$5 = \$ _____

Lanyards _____ X \$5 = \$ _____

Additional Donation: \$ _____

Total: \$ _____

Please write the number of size(s) needed for each participant.

Adult -XXXL _____ XXL _____ XL _____ L _____ M _____ S _____

Youth - XL _____ L _____ M _____ S _____