

Registration Form Delaware Ovarian Cancer Foundation Teal Ribbon 5K to Fight Ovarian Cancer

(PLEASE PRINT CLEARLY) <u>ENTIRE</u> FORM <u>MUST</u> BE COMPLETED AND SIGNED TO PARTICIPATE ONE FORM FOR EACH PARTICIPANT PLEASE

| Last Name | First Name | |
|--|---|---|
| Mailing Address | | |
| City | State | Zip |
| Phone (including area code) |) E-mail | |
| How did you hear about this eve | nt? | |
| Check One: Runner | Walker Gender: M F | Age |
| ☐ Individual Participant -OR- | ☐ Team Participant | |
| Team Name: | | |
| T-shirt Size: S M M | L 🔲 XL 🗌 XXL 🗌 (limited qua | intity) |
| Ovarian Cancer Survivor: 🔲 Ye | es Year Diagnosed (optional) | |
| | \$25 pre-reg; \$30 day-of | |
| | \$20 pre-reg; \$25 day-of der 5 years of age free (no T-shirt) | |
| Cililaten an | uer 3 years of age free (no 1-5mit) | |
| | ks payable to <i>'DOCF'</i> and mail to: 1 Sweetleaf Drive, Wilmington, DE 19 | 808 |
| Thank y | ou for your support and generosity! | |
| any and all rights and claims for losses Foundation, the City of Wilmington, Race injuries suffered by me in said event. I condition that prevents me from safely | yself, my heirs, executors, and administrator, wa and damages I may have against the Delaware es2Run, race directors, volunteers and sponsors attest that I am sufficiently physically fit and h participating herein. Further, I hereby grant my , videotapes, motion pictures, recordings or any | Ovarian Cancer s for any and all nave no medical y permission to |
| Signature of Participant | D | ate |
| Parent or Legal Guardian (if under 18) | | ate |



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Date

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| Last Name | Last Name First Name | | |
|---|---|---|---|
| Mailing Address | | | |
| City | | State | Zip |
| Phone (including | g area code) | E-mail | |
| How did you hear abo | out this event? | | |
| Check One: Runn | er 🗌 Walker 🔲 | Gender: M 🔲 F 🗌 | Age |
| ☐ Individual Particip | oant -OR- [| Team Participant | |
| Team Name: | | | |
| T-shirt Size: S [| M L | XL XXL (limited o | juantity) |
| Ovarian Cancer Survi | vor: 🗌 Yes Year Dia | agnosed (optional) | |
| Registration Fees: | General □ \$25 pre-re | g; \$30 day-of | |
| | Student \$20 pre-re | | |
| | Children under 5 year | rs of age free (no T-shirt) | |
| | | ble to: 'DOCF' and mail to: leaf Drive , Wilmington, DE | 19808 |
| | Thank you for your | support and generosity! | |
| and all rights and claim Foundation, the City of V injuries suffered by me in condition that prevents me | s for losses and damages /ilmington, Races2Run, race n said event. I attest that e from safely participating her | , executors, and administrator, wai I may have against the Delawar directors, volunteers and sponso I am sufficiently physically fit and rein. Further, I hereby grant my per stures, recordings or any other reco | re Ovarian Cancer ors for any and all I have no medical mission to any and |
| Signature of Particip | ant | | Date |

Parent or Legal Guardian (if under 18)