

HALLOWEEN 5K & 1-MILE FUN RUN REGISTRATION FORM

Sudbury Park & Recreation Proudly Present:

Sudbury Halloween 5K & 1-Mile Fun Run



Date: Sunday, October 27, 2013

5K Time: 11:00 AM

Cost: \$25.00

Fun Run: 12:00 PM

Cost: \$10.00

T-shirts: Register by October 7th to be guaranteed a t-shirt!



Join us for our second annual Halloween 5K & Fun Run! This is a great event for the whole family - run, walk, cheer, or volunteer! The 5K will be a timed event starting at 11:00 AM followed by a 1-Mile Fun Run around our paved Haskell Field loop. Please note that registered 5K participants are welcome to join the Fun Run as well at no additional charge. Free refreshments available for participants.

Costumes are encouraged, so get in the spirit!

*Check out page 12 for our adult 5K Training Program!

Volunteers of all ages needed! High school community service hours opportunities!

If interested, please register as a volunteer online!

REGISTRATION INFORMATION

Online Registration is **STRONGLY RECOMMENDED** at www.recreation.sudbury.ma.us and is the **PREFERRED METHOD**. If you prefer to register in person or by mail, please fill in the information below and return to: -

Sudbury Park & Recreation/Atkinson Pool, 40 Fairbank Road, Sudbury, MA 01776.

PARTICIPANT INFORMATION

Participant's First Name: _____ Last Name: _____

DOB: ____/____/____ Gender: MALE / FEMALE Emergency Contact: _____ Relationship: _____

Address: _____ Town: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail Address: _____ T-Shirt Size (if registering before October 7th) _____

METHODS OF PAYMENT: CHECK, CREDIT CARD, OR CASH

Make check # _____, payable to TOWN OF SUDBURY

Credit Card: (VISA or MASTERCARD)

Name on credit card: _____ Account #: _____ Expiration Date: ____/____/____

PARTICIPANT OR PARENT/GUARDIAN MUST READ AND SIGN IF PARTICIPANT IS UNDER AGE 18:

Please accept the above person for this participation. I am aware of the risk inherent in this activity, and release the Town of Sudbury from responsibility for associated losses. I have determined the nature and extent of the planned activities, and feel that this participant is of sufficient age, ability, and discretion to participate. I agree that this participation will be at the discretion of the Sudbury Recreation Department. Permission is hereby given for treatment of this participant by a medical doctor in the event of injury or illness during participation unless noted on this form. I am aware that promotional and/or press photography may occur while this participant is involved in this program and their picture may be taken, unless noted otherwise, I give permission for this to occur. If there are any medical concerns we need to be aware of PLEASE CALL 978-443-1092.

Signature _____ Date: _____

NOTES: _____

