## **Sudbury Park & Recreation Proudly Present:**

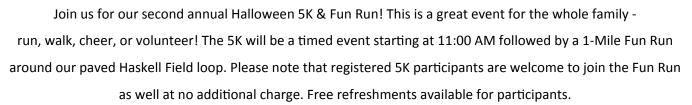
## Sudbury Halloween 5K & 1-Mile Fun Run

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!



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 <u>STRONGLY RECOMMENDED</u>** at <u>www.recreation.sudbury.ma.us</u> and is the <u>PREFERRED METHOD</u>. 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 UPlease accept the above person for this participation. I am aware of the risk inherent in this plasses. I have determined the nature and extent of the planned activities, and feel that this participation will be at the discretion of the Sudbury Recreation Department. Permission of injury or illness during participation unless noted on this form. I am aware that promotion program and their picture may be taken, unless noted otherwise, I give permission for this to 978-443-1092.  Signature	activity, and release the Town of Sudbury from responsibility for associated participant is of sufficient age, ability, and discretion to participate. I agree that is herby given for treatment of this participant by a medical doctor in the event all and/or press photography may occur while this participant is involved in this occur. If there are any medical concerns we need to be aware of PLEASE CALL Date:







