

6th Annual

Registration Form

Hank Thompson

TREK & TREAT

10K/5K Run/Walk

October 18, 2014



Name: _____ Age: _____ Sex: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Email: _____
 Team (if applicable) _____

T-Shirt: Adult: S ___ M ___ L ___ XL ___ XXL ___
 Youth: S ___ M ___ L ___ (only pre-registered guaranteed)

Early Reg. Fee (before 10/1)		Reg. Fee (After 10/1)	
5K	\$25	5K	\$30
10K	\$30	10K	\$35
Fun Run	\$10	Fun Run	\$12
Goblin Gallop	\$5	Goblin Gallop	\$5

Register online! www.hankthompsontrekandtreat.org

I am registering for:

___ 5K.....\$ _____
 ___ 10K.....\$ _____
 ___ 1 Mile Fun Run/Walk.....\$ _____
 ___ Goblin Gallop/Kids' 100 Yard Dash.....\$ _____
 ___ I would like to make a personal donation.....\$ _____
Total: \$ _____

Write check to "Uniting Against Lung Cancer".
 Mail to Uniting Against Lung Cancer • 27 Union Square West • Suite 304 • New York, NY 10003.

WAIVER: I assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hank Thompson Trek and Treat, Uniting Against Lung Cancer, its directors, officers, and staff, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness by the persons named in this waiver.

Signature of Participant or Guardian: _____