DV School Health Advisory Council

4th Annual 5K Run / Walk
Pre-Registration Form

Delaware Valley High School 9/10
256 Routes 6 & 209
Milford, PA 18337
Attention: A. Grady
Phone: (570) 296–1850 EXT: 7151

Race Registration Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Building (Students only)** _____

Age: _____ **Gender: M F**

Please Circle Shirt Size * **Adult Small Medium Large XL**
Youth Medium Large

Disclaimer:
In consideration of the entry being accepted, I, for myself, heirs, and assigns, hereby waive and release any and all claims for personal damages I may have against the Delaware Valley School District, Borough of Matamoras, and or Race Officials.

Signature: _____
Note: Parent or guardian's signature is required if the participant is under 18 years of age.

Payment Information: Check or Money Order payable to DVSD

4th Annual DV School District Health Advisory Council 5K Run / Walk
Date: **Saturday May 8, 2010** (Rain or Shine)
Start Time: 9:00
Registration Time: 7:30 – 8:30
Location: **Airport Park, Matamoras PA**
Entry Fee: Pre-Registration $15.00 (Race Day $20.00)

FREE Race T-Shirts for the FIRST 300 Registered Participants
*In order to guarantee choice of size pre-registration forms must be received on or before April 22, 2010.