



Northwest CT YMCA 259 Prospect Street Torrington, CT 06790

| Please Print | 7 REG | ISTRA | TION FORM |
|-------------------------------------|------------|--------------|--|
| First Name: | | Last Na | me: |
| Address: | | | Male/Female |
| City: | State: | Zip Code_ | Phone Number |
| Date of Birth: | Ema | il Address: | |
| Emergency Contact: | | | Phone Number: |
| | RACE | CATEGORY (| Circle One) |
| RUNNING - 5 Mile (13 years+) \$20 | | | WALKING - 2 Mile \$20 |
| KIDS RACE (12 years & under) \$10 | | | |
| | PAYMENT | INFORMATIO | DN (Circle One) |
| Check (Made payable to Northwest | CT YMCA) | | |
| Credit Card | | VISA | _MastercardAmerican ExpressDiscover |
| Name on Card: | | | |
| | | | |
| Expiration Date: | | Securi | :y Code: |
| Billing Address: | | | |
| | | | Phone Number |
| Amount to be Charged: \$ | | | |
| By signing this form, you authorize | The Northw | vest CT YMCA | to charge your card for the amount listed above. |
| Signature: | | | Date: |
| | | | |

If registered by July 6th, all 5-MILE RUN/2-MILE WALK participants will receive race T-shirt. Indicate Size: S___M__L_XL___