



Northwest CT YMCA 259 Prospect Street Torrington, CT 06790

20 Please Print	17 REG	ISTRA	TION FORM
First Name:		Last Na	nme:
Address:			Male/Female
City:	State:	Zip Code_	Phone Number
Date of Birth:	Emai	I Address:	
Emergency Contact:			Phone Number:
	RACE	CATEGORY (Circle One)
RUNNING - 10K (13 years+) \$2	0		WALKING - 2 Mile \$20
KIDS RACE (12 years & under) \$	10		
	PAYMENT	INFORMATION	DN (Circle One)
Check (Made payable to Northw	est CT YMCA)		
Credit Card		VISA	_MastercardAmerican ExpressDiscover
Name on Card:			
Account Number:			
Expiration Date:	Security Code:		
Billing Address:			
			Phone Number
Amount to be Charged: \$			
By signing this form, you author	ize The Northw	est CT YMCA	to charge your card for the amount listed above.
Signature:			Date:

If registered by Sept. 21, 10K & 2-mile participants will receive race T-shirt. Indicate Size: S___M__L_XL___