

MUT'IM TEMPLE #240

WALKING FOR DIABETES - 2017



24 June 2017-Old Mill Park, Fredericksburg

# REGISTRATION FORM

**Team** (minimum of 4)       **Individual**

TEAM/ORGANIZATION: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Registration Fee includes water, fruit, wristband and activities. Teams that have 6 or more and register before 5/31/2017 will receive (1) t shirt per member) Advance Adult Registration \$25 each; Advance Youth Registration (K5 12) \$15 each . Add \$5 for onsite registration.

All participants must have a signed "Release of Liability" form.

| NAME | Size | Amt | NAME | Size | Amt |
|------|------|-----|------|------|-----|
| 1)   |      |     | 11)  |      |     |
| 2)   |      |     | 12)  |      |     |
| 3)   |      |     | 13)  |      |     |
| 4)   |      |     | 14)  |      |     |
| 5)   |      |     | 15)  |      |     |
| 6)   |      |     | 16)  |      |     |
| 7)   |      |     | 17)  |      |     |
| 8)   |      |     | 18)  |      |     |
| 9)   |      |     | 19)  |      |     |
| 10)  |      |     | 20)  |      |     |

TOTAL REGISTRATION AMOUNT \$ \_\_\_\_\_

CHECK: Please make payable to: MUT'IM TEMPLE #240

CHECK NO. \_\_\_\_\_

Mail Check and supporting documents to 42 Bayside Dr, Fredericksburg VA 22405

Captain NAME PRINTED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

For more info please contact our liaison, Christian Thompson [bigt67240@yahoo.com](mailto:bigt67240@yahoo.com) , 703-867-3776

Paypal: [mightymutim@gmail.com](mailto:mightymutim@gmail.com)