



Annual Family 5K Run/Walk
Benefiting Community Family Centers
Saturday, October 26th

Individual Walker Registration Form

Walker Information:

Last Name: _____ Frist Name: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____ DOB: _____

Emergency Contact: _____ Emergency Contact Phone # _____

E-mail address: _____

Individual Registration Fee:

\$25 for walkers 18 years and older (*Paid registration fees include a t-shirt, while supplies last.*)

Payment:

- Please make check payable to Community Family Centers
 Please charge to my credit card: Visa MasterCard Discover American Express

Card Number: _____ Security Code: _____ Expiration Date _____

Print Name on Card: _____ Signature: _____

Please indicate Adult shirt size:

____ Small _____ Medium _____ Large _____ Extra Large _____ 2x _____ 3X

**Please complete the form and return prior to Friday, October 4, 2012.
No pets allowed due to City ordinance.**

WAIVER

I hereby waive all claims against Community Family Centers for services, sponsors, employees, volunteers or other personnel for any injury I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, recordings or any other record of this event in which I may appear for any legitimate purpose.

Signature

Date

Please mail this form to:

Community Family Centers, Attn: 2013 Walk – 7524 Avenue E, Houston, Texas 77012

For more information: Contact Paty Morales or Myrna Reyes at 2013walk@communityfamilycenters.org or 713.923.2316.