



RACE SERIES REGISTRATION FORM

**Please fill out Registration form and mail to
Spring Grove Regional Parks and Recreation Center
50 North East Street, Suite 1, Spring Grove, PA 17362**

Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Email address: _____
Gender: Male or Female
Age on race-day: 14 & under 15-19 20-29 30-39 40-49 50-59 60 & over
T-shirt size: S M L XL Youth Size: _____

RACE OPTIONS

(CIRCLE ALL THAT YOU ARE REGISTERING FOR)

CODORUS BLAST 5K	GLOW RUN	HALLOWEEN IN PARK 5K	UGLY SWEATER
\$25 by 6/11/18	\$20 by 10/5/18	\$25 by 10/12/18	\$10 by 11/28/18 for
\$30 after 6/11/18	\$25 after 10/5/18	\$30 after 10/12/18	a goody bag
\$15 kids under 12	\$15 kids under 12	\$15 kids under 12	\$5 kids under 12

Total Registration fee enclosed: \$ _____

Cash or Check accepted: Checks payable to SGRPRC

You may pay online at www.sgrprc.com under make a payment reference the race you are signing up for.
Credit card fees due apply.

PAID ONLINE: \$ _____ Amount Date OF PAYMENT: _____

Participant Waiver: I fully understand and accept the risks involved in participating in any strenuous activity and I absolve the Spring Grove Regional Parks and Recreation Center, and Spring Grove Borough from all liability for any personal injury incurred through my participation in any Spring Grove Regional Parks and Recreation Center sponsored education, exercise, and/or physical activity program.

Signature: _____ Date: _____

Parent/Guardian Signature if under 18: _____

Office Use Only

Paid (Circle): Ck:# _____ Cash CC

Total Amount: _____ Date: _____

Staff Initials: _____

