Name:			Age:	
Address:			Gender: M	F
City, State, Zip:			Phone:	
Email Address:				
I will participate in the:	□ 5 K Run □ 2 Mile Walk			
Check one:	\$18.00 for pre-registration with T-Shi	rt (Indicate Size: 🗖 S	SM IM IL IXL IX	(L)
Make checks payable to: "CFW 5K Run/2 Mile Walk"				
Waiver: In consideration of the acceptance of this entry, I waive for myself, my heirs, and assigns all claims for damages which I might have against the race, its sponsors, or other organization or individual as a result of any and all injuries which might be received during the contest. I also release any photos which may involve myself. (cm)				
SIGNATURE REQUIRED (Parent signature if runner is under 18)				
TEAM NAME		☐ Corporate☐ School District☐	☐ Small Business	≜
□ School District □ Religious Organization 109 Sharpsville Avenue, Suite A • Sharon, PA 16146 Phone 724-981-0353 • Fax 724-981-7949 www.foodwarehouse.org				FEEDING** A Member of AMERICA