

# Registration Form Delaware Ovarian Cancer Foundation Teal Ribbon 5K to Fight Ovarian Cancer

#### Delaware Ovarian Cancer Foundation

## Registration Form Delaware Ovarian Cancer Foundation Teal Ribbon 5K to Fight Ovarian Cancer



(PLEASE PRINT)

ENTIRE FORM MUST BE COMPLETED AND SIGNED TO PARTICIPATE
ONE FORM FOR EACH PARTICIPANT PLEASE

Last Name	First Name	
Last Hamo	1 Hot Hullo	
Mailing Address		
City	State	Zip
Phone (including area code	e) E-mail	
How did you hear about this eve	ent?	
Check One: Runner	Walker Gender: M F	Age
☐ Individual Participant -OR-	-	
Team Name:		
T-shirt Size: S	L  XL  XXL (limite	d quantity)
Ovarian Cancer Survivor: 🔲 Yo	es Year Diagnosed (optional)	
Registration Fees: General	]\$25 pre-reg; \$30 day-of	
Student	]\$20 pre-reg; \$25 day-of	
Children ur	nder 5 years of age free (no T-shirt	)
	cks payable to <i>'DOCF Fund at DCF</i> 01 Sweetleaf Drive, Wilmington, I	
Thank y	you for your support and generos	ity!
any and all rights and claims for loss Riverfront Development Corporation, volunteers and sponsors for any and sufficiently physically fit and have no herein. Further, I hereby grant my pern	nyself, my heirs, executors, and administrates and damages I may have against the DOCF, Delaware Community Foundar all injuries suffered by me in said ever medical condition that prevents me from ission to any and all forgoing to use pher record of this event for any purpose what	ne City of Wilmington, ation, race directors, nt. I attest that I am am safely participating otographs, videotapes,
Signature of Participant		Date
Parent or Legal Guardian (if under 18)		Date

#### (PLEASE PRINT)

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How did you hear about this event?		
Check One: Runner Walk	er 🗌 Gender: M 🗌 F 🗌	Age
☐ Individual Participant -OI	R- Team Participant	
Team Name:		
T-shirt Size: S M	L  XL  XXL (limite	ed quantity)
Ovarian Cancer Survivor:   Yes	Year Diagnosed (optional)	
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<del></del> -	\$20 pre-reg; \$25 day-of	
Children und	der 5 years of age free (no T-shirt)	
	cks payable to: 'DOCF Fund at DO 701 Sweetleaf Drive , Wilmington,	
Thank you	for your support and generosity!	
Release Form: I, the undersigned, for myse and all rights and claims for losses and of Development Corporation, DOCF, Delaware for any and all injuries suffered by me in samedical condition that prevents me from sainly and all forgoing to use photographs, vievent for any purpose whatsoever.	damages I may have against the City of Community Foundation, race directors, vo aid event. I attest that I am sufficiently phy fely participating herein. Further, I hereby	Wilmington, Riverfront plunteers and sponsors ysically fit and have no grant my permission to
Signature of Participant		Date
Parent or Legal Guardian (if under 18)		Date