



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

Mailing Address

City State Zip

Phone (including area code) E-mail

How did you hear about this event?

Check One: Runner Walker Gender: M F Age

Individual Participant -OR- Team Participant

Team Name:

T-shirt Size: S M L XL

Ovarian Cancer Survivor: Yes Year Diagnosed (optional)

Registration Fees: \$25 pre-reg; \$30 day-of
\$20 for students (with valid student I.D.).
Children under 5 years of age free (no T-shirt).

Please make checks payable to: DOCF

Thank you for your support and generosity!

Release Form: I, the undersigned, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for losses and damages I may have against the City of Wilmington, Riverfront Development Corporation, DOCF, Delaware Community Foundation, race directors, volunteers and sponsors for any and all injuries suffered by me in said event.

Signature of Participant Date

Parent or Legal Guardian (if under 18) Date



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

Mailing Address

City State Zip

Phone (including area code) E-mail

How did you hear about this event?

Check One: Runner Walker Gender: M F Age

Individual Participant -OR- Team Participant

Team Name:

T-shirt Size: S M L XL

Ovarian Cancer Survivor: Yes Year Diagnosed (optional)

Registration Fees: \$25 pre-reg; \$30 day-of
\$20 for students (with valid student I.D.).
Children under 5 years of age free (no T-shirt).

Please make checks payable to: DOCF

Thank you for your support and generosity!

Release Form: I, the undersigned, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for losses and damages I may have against the City of Wilmington, Riverfront Development Corporation, DOCF, Delaware Community Foundation, race directors, volunteers and sponsors for any and all injuries suffered by me in said event.

Signature of Participant Date

Parent or Legal Guardian (if under 18) Date