



Registration Form

Name: _____ DOB: _____

Mailing Address (Street or PO Box): _____

City: _____ State _____ Zip Code: _____

E-mail address _____

_____ \$20.00 In-person **BEFORE 10/1/21** (guaranteed T-shirt)

_____ \$25.00 In-person 10/1/21 thru 10/15/21

_____ \$28.00 In-person Day of Race (beginning at 1:00pm)

_____ \$15.00 All Students (grade school, H.S., college) & All Virtual Entrants

Team Name (if applicable) _____

T shirt size (for those entered BEFORE 10/1/21)

Small Medium Large X-Large XX- Large

_____ \$4.00 Mail my T-shirt to me (**for Virtual Participants only**). Other virtual participants may pick up shirts AFTER 10/16/21 at CCFHS, 133 Pleasant Street, Berlin, NH.

_____ Donation (Optional) in support of Response.

Liability Release: In consideration of my entry being accepted, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may have against Coos County Family Health Services (CCFHS), the city of Berlin, Racemenu, and all even sponsors and representatives by my registration and participation in this event and give CCFHS and Racemenu permission to use my name, information and likeness in the promotion of its events and services.

Signature: _____

(parent signature if under 18)

All Donations are Tax Deductible and benefit

Response - A Domestic & Sexual Violence Resource Center

Please send completed and **signed** form and nonrefundable check made out to: **CCFHS, 133 Pleasant Street, Berlin, NH 03570.**