

Julia's Run for Children New Haven CT, April 5, 2020

Pre-Registration Form

I want to registe	r for:		Walk (5 kilometers 1.1 kilometers), ag	,	er	
Last name:			First name:			
Address:						
City:			State:	Zip:		
Phone:			Sex:	□ Male □ Fe	emale	
Age (on run date	e)		Email:			
physically able and prope all risks with participating condition of the road, all s and anyone entitled to act sponsors), the City of Nev	rly trained. I agre in this event, incl such risks being k t in my behalf, wa v Haven, the poli s arising out of m	e to abide by all ouding but not limit mown and appredaive and release to ce, Yale University y participation in the	e is a potentially hazardous decisions of the race official ted to falls, contact with other is the Julia Rusinek Memorial ty, LEAP organization, race this event. I grant permissio purposes.	s as to my ability to saf- er participants, effects on his waiver and knowing Fund (including its men officials including John	ely complete the r of the weather, tra these facts I, for r nbers, volunteers, Bysiewicz, JB Sp	un. I assume ffic and the myself and orts LLC,
Signature:					Date:	
(if under 18 years Parent/Guardian	n signature	:			Date:	
Additional Runn	ers:	0: 1	/ 134/ 1 0			
Name		_	(read Waiver & pefore signing)	Date	Age (on run date)	Sex (M/F)
Through March 8 re March 9 to April 4 re On the day of race,	egistration fe	es are:	adults \$25 adults \$27 adults \$30	students \$20 students \$22 students \$25	fun ru fun ru fun ru	
		quantity		each		total

	quantity	each	total
Main Run/Walk (adult)		thru March 8: \$25.00 after March 8: \$27.00	\$
Main Run/Walk (student)		thru March 8: \$20.00 after March 8: \$22.00	\$
Fun Run		thru March 8: \$8.00 after March 8: \$9.00	\$
Total			\$

Make this form & check payable to Julia Rusinek Memorial Fund to:

Julia Rusinek Memorial Fund ● 2 West Dr ● Great Neck, NY 11021 www.juliarun.org ● juliarun@gmail.com