

# Registration Form

## The Honor Run 2017

Name :

Bib number :

Are you a member of PEI Roadrunner?

Yes

No

Date of birth (mm/dd/year):

Gender :  M /  F

Medical Number :

I wish to run/walk the following event (please check proper box) :

- 1 km**
- preschool \_\_\_\_\_
  - student \_\_\_\_\_

**5 K walk**

**5 K run**

**10 K**

*For every child of 10 years old (5 km) or 14 years old and under, parental's signature is required.*

Parent signature:

Date (mm/dd/year) :

Address :

Phone Number :

Email address :