

PAYMENT INFORMATION

Credit Card number: _____ Exp. Date: _____ CV Code: _____

Signature: _____

Would you like to make an additional donation to support the Y's Healthy Living Programs?

____ Yes, I would like to give \$ _____ to the Hamilton Area YMCA.

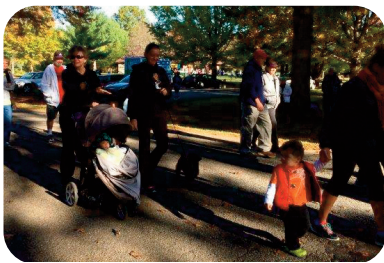
____ No, not at this time.

Total Amount for Registration(s) + Additional Gift(s): \$ _____

____ Bill full amount on above card

____ Check enclosed - made payable to Hamilton Area YMCA

____ Cash enclosed



HAMILTON AREA YMCA

JKR 1315 Whitehorse-Mercerville Road, Hamilton, NJ 08619
p 609.581.9622 f 609.581.4737

SAWMILL 185 Sawmill Road, Hamilton NJ 08620
p 609.581.9622 ext. 21100 f 609.324.9845

hamiltonymca.org



Saturday, October 24, 2015
Veteran's Park (Kuser Road Entrance)
USATF Certified Course

8:00 a.m. Registration

9:00 a.m. Kids Run

9:15 a.m. 5K

9:30 a.m. Family Walk (strollers and pets welcome)



The Hamilton Area YMCA's Healthy Living Programs are making a difference for our friends and neighbors who are living with multiple sclerosis, cancer, Parkinson's, pre-diabetes, childhood obesity and more.

A person living with chronic disease is also often living with co-pays, deductibles and lost days of work. That's why the Y offers programs like THRIVE, One Step, Delay the Disease and ACT! at either low cost or no cost to participants.

When you Run to Raise one more person - maybe your own loved one - will have the chance to change his or her life through one of our Healthy Living Programs.

You are helping us make a difference!

Every individual who raises at least \$100 will receive a Run to Raise Hoodie!

At the Y, we know we're better together, so join a fundraising team when you register! Can't find a team? Start your own!

PARTICIPANT REGISTRATION

I am registering for the following:

_____ 5K - Adult	\$30
_____ 5K - Youth	\$15
_____ Family Walk - Adult	\$30
_____ Family Walk - Youth	\$15
_____ Kid's Run	\$15

T-shirt Size

_____ Adult XXL	_____ Youth L
_____ Adult XL	_____ Youth M
_____ Adult L	_____ Youth S
_____ Adult M	
_____ Adult S	

Do you want to join a fundraising team?

If so, please indicate the team's name or captain: _____

PARTICIPANT REGISTRATION

Participant Name: _____

Gender: ___ M ___ F Age (as of 10/24): _____ Event: _____

Address: _____

Phone number: _____

E-mail address: _____

Participant Name: _____

Gender: ___ M ___ F Age (as of 10/24): _____ Event: _____

Address: _____

Phone number: _____

E-mail address: _____

Participant Name: _____

Gender: ___ M ___ F Age (as of 10/24): _____ Event: _____

Address: _____

Phone number: _____

E-mail address: _____

Participant Name: _____

Gender: ___ M ___ F Age (as of 10/24): _____ Event: _____

Address: _____

Phone number: _____

E-mail address: _____

If you are registering more than 4 participants, please enclose the information listed above with this form.

Payment information on back of form.