

Let's Paint The Town Color Run Registration Form

www.letspaintthetown.net

REGISTRATION

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

T-Shirt Size _____ Adult or Child

Age _____ M or F?



FEES

	EARLY REGISTRATION BY OCT. 1, 2013	FEE AFTER OCT. 1, 2013	QTY	TOTAL
Adults	\$20	\$25		
Students	\$12	\$15		
Kids Under 5	FREE	FREE		

AGE GROUPS

10 & U	11-14	15-19	20-29
30-39	40-49	50-59	60+

PAYMENT INFORMATION

Payment Method (Circle One) Check* or CC

Card Type: AX VI MC DS

Name on Card _____

Address _____

Card # _____

Expiration Date _____ CVV Code _____

Signature _____

_____ I cannot attend, but would like to
make a donation.

Donation Amount \$ _____

*Please make checks payable to:

For Pete's Sake Cancer Respite Foundation

TOTAL ENCLOSED

\$

Thank you!



ADDITIONAL RUNNERS/WALKERS

Name _____

T-Shirt Size _____ Age _____ M or F?

Name _____

T-Shirt Size _____ Age _____ M or F?



PLEASE SIGN WAIVER BELOW

Registration fees are not tax deductible. Outright donations are tax deductible to the full extent of the law. Please note:

For Pete's Sake Cancer Respite Foundation and Phoenixville Healthcare Access Foundation are nonprofit 501(c)(3) organizations. The official registration and financial information of For Pete's Sake Cancer Respite Foundation and Phoenixville Healthcare Access Foundation may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply

In consideration of being accepted, I, for myself, my heirs, executors, and administrators, waive and release any and all rights I may have against For Pete's Sake Cancer Respite Foundation, Phoenixville Healthcare Access Foundation, Phoenixville Borough, all leaders, sponsors, volunteers, for any and all injuries I might incur at said race. I attest and verify that I have full knowledge of the risks involved in this event and am physically trained and fit to participate. I further grant full permission to any and all of the foregoing to use photographs, video-tapes, and other records of this event for whatsoever purpose desired without my further permission or signature.

Signature _____ or signature of parent or guardian if participant is under age 18

_____ Date _____

Phone number or email _____

Please mail to:
Robin Heist
Breast Health Center
825 Main St., Suite 203-M1032
Phoenixville, PA 19460