



LEGS AGAINST ARMS IX Entry Form (you may copy this form)

Register **online** www.legsagainstarms.info Deadline: Friday, 10/9 Register **by mail**Payable to **PSR/** Send to:
Legs Against Arms IX
P.O. Box 1552
West Chester, PA 19380
Postmark Deadline: 10/1

Register **on Race day** Arcadia University 450 S. Easton Road Glenside, PA 19038 7:30 AM to 8:45 AM

Name:		
Address/Apt:		
City, State, Zip:		
Phone:	Email:	
Date of Birth:/	Age (On race day):	Sex (Circle one): M F
T-shirt (circle one): S M L XL (Siz	ze not guaranteed)	eck this box if you are the team captain
Team Name (optional):		
Running in Memory of (optional):		
	Students/Staff and Cheltenham resident se/proof of Cheltenham residency (or \$10.00!) will	
Arcadia Student/Staff ID#r	or- Check thi	s box if above address is in Cheltenham Township
Description (circle one)	Pre-Registration postmarked by 10/1 or online by 10/9	Race Day Registration Sunday, October 11, 2105
Youth 12 & Under	FREE (no shirt)	FREE (no shirt)
Any distance	\$10 (with shirt)	\$10 (with shirt)
5K Fun Run/Walk Division Youth or Adult (includes shirt)	\$25	\$30
5K Race Division – All Ages (chip timing & shirt included)	\$30	\$35
1K Peace Parade Division Youth or Adult (includes shirt)	\$25	\$30
Donation in support of anti-violence programs: \$		Total Enclosed: \$
any injury I might suffer in this event. I atterunning/walking in this event including, but high heat and/or humidity; traffic; and the	est that I am physically fit and prepared to t not limited to: falls; contact with other condition of the road, all such risks bein	sors, contractors, volunteers, or any personnel for for this event. I assume all risks associated with participants; the effects of the weather, including known and appreciated by me. I grant full itimate accounts and promotions of this event.
X		
ENTRANT SIGNATURE DATE		DATE
X		