

Run/Walk – October 5, 2019 7:00am-11:00am

Held at York Comprehensive High School

| First Name: | | | Last Name: | | | |
|---------------------------|-------------------|------------------------------|---------------|----------------------------|--|---|
| Address: | City: | | | | | |
| State: | Zip: | Phone: _ | | Email: | | |
| Age: | Birth Date: | | Ma | Male or Female: | | |
| • | also be done | the morning | before the | race starts with | ptember 25, 2019 limited shirt availability* XXL (\$2 Charge) | * |
| liability or injury by me | e while participa | ating in the run | or walk. I fu | urther provide tha | with the 2017 race, from ar t this hold harmless agreem icipate in this event. | - |
| Signature of Participant | t: | | | Date: | | |
| | | Checks mad ster, mail for | | to FDJTC vith payment t | o: (| |





Proceeds will benefit Alzheimer's Association and Floyd D Johnson Technology Center DECA Students