



**Walk-Up Registration
Opens: 7:30 a.m.**

**5K Runner Start: 8:30 a.m.
1 Mile and 5K Walker
Start: 9 a.m.**

Sunday, June 11, 2023 @ Meadowood Regional Park

Mail-In Registration Form

Please complete and mail or fax a copy along with your payment, (check or credit card) to the address below. You also may register online at www.RunningwithTheDevils.org.

ALL REGISTRATIONS INCLUDE LIGHT BREAKFAST FARE.

REGISTRANT INFORMATION. PLEASE PRINT CLEARLY.

NAME _____

GENDER _____ AGE _____ SIZE (circle one) S M L XL XXL XXXL **5K or 1 mile (circle one)**

NAME _____

GENDER _____ AGE _____ SIZE (circle one) S M L XL XXL XXXL YS YM **5K or 1 mile (circle one)**

NAME _____

GENDER _____ AGE _____ SIZE (circle one) S M L XL XXL XXXL YS YM **5K or 1 mile (circle one)**

NAME _____

GENDER _____ AGE _____ SIZE (circle one) S M L XL XXL XXXL YS YM **5K or 1 mile (circle one)**

I am (circle one, if applicable) Forming a team Joining a team Supporting a participant

Team Name _____ Participant's Name _____

REGISTRATION FEES

_____ Adults: \$30 before 4/1, \$35 4/1-30, or \$40 thereafter

_____ Children 5-12: \$20, \$25 or \$30 (per above dates)

_____ Multiple Registrants: \$5 discount/person (per above dates)

\$ _____ DONATION

TOTAL AMOUNT ENCLOSED

\$ _____

CONTACT/BILLING INFORMATION. PLEASE PRINT CLEARLY.

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

____ I would like to receive email updates from The Red Devils.

Credit card # _____ CVV _____

Visa ____ MC ____ Amex ____ Expiration date _____

The Red Devils
Supporting Breast Cancer Families

RUNNING WITH THE DEVILS PJ5K WAIVER

I hereby waive, for myself and all family members listed above, all claims against The Red Devils, run/walk sponsors, Racine Multi Sports, Baltimore County, and any other person for any injury that I/we may suffer while participating in this event. I grant permission to The Red Devils to use photographs of me and my family members listed above in accounts of this event.

Must be signed by a parent or legal guardian if participant is under age 18.

Signature _____

MAIL COMPLETED FORM TO:

The Red Devils
1930 Greenspring Dr., Ste. 300
fax 410.323.0136

You also may register online at
www.RunningwithTheDevils.org



GBMC | SANDRA AND MALCOLM BERMAN
CANCER INSTITUTE