

# National Autism Association of Southeast Ohio

## Walk & 5k Run



Deerassic Park 14250 Cadiz Rd. Cambridge, Ohio  
Saturday April 1, 2017  
11am- Runners Start/11:05am Walkers start  
**\*Proceeds Benefit the NAASEO\***



Join your friends, family & neighbors for a morning of exercise, fun and prizes.  
\*Registered participants will receive a t-shirt, lunch and 2 entry tickets for the raffle\*

### Registration & Fees

Register on or before March 15, 2017  
\$15- guaranteed t-shirt

Register after March 15, 2017  
\$20 limited supply of t-shirts on race day

\*Packet p/u & race day registration available from 9am-1030am @ Deerassic Park on day of event\*

\*\*No refunds. Event will be held rain or shine\*\*

To Register by mail, send completed form with payment to (if paying with check, please make payable to National Autism Association of Southeast Ohio):

Jessica Hinson

P.O. Box 1271 Cambridge, Ohio 43725

(Acceptable forms of payment: Check or Credit Card/Debit Card)

**\*\*\*\*\*Registration forms also available to print by Viewing us on the web @ NAASEO.org or like us on facebook at National Autism Association-Southeast Ohio.\*\*\*\*\***

Please call Jessica Hinson @ (740)255-0729 with any questions or email @ [jessica.naaseo.org](mailto:jessica.naaseo.org)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check (X) to indicate selection:

1. I plan to Walk \_\_\_ or Run the 5K \_\_\_ Please check one (If left unchecked default is run)

2. Sex: M \_\_\_ F \_\_\_ Age \_\_\_ as of March 15, 2017 Date of Birth (Month/Year) \_\_\_\_\_

3. Age Division: 5-10 \_\_\_ 11-15 \_\_\_ 16-20 \_\_\_ 21-30 \_\_\_ 31-40 \_\_\_ 41-50 \_\_\_ 51-60 \_\_\_ 61+ \_\_\_

4. T-shirt Size: Youth: Small \_\_\_ Medium \_\_\_ Large \_\_\_  
Adult: Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Waiver: In consideration of the acceptance of this entry, I waive for myself, my heirs, and assigns, all rights & claims for damages which I might have against the race organizers, sponsors, volunteers & all individuals associated with the race as a result of any and all injuries suffered by me in this event. I also understand that I may be photographed & I agree to allow my photo, video on film or likeness to be used for any legitimate purpose by the forementioned parties.

**Signature of Participant/Parent or Guardian for Children under 18yrs of age.**

**Date:** \_\_\_\_\_

If Paying with credit/debit card please fill out the following information:

Name on Card: \_\_\_\_\_

Please check one: Visa \_\_\_ Master card \_\_\_ Discover \_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

\*\*\*If paying with credit/debit card, once credit card is billed, the bottom half of this form containing credit information will be destroyed.\*\*\*

