

REGISTER TODAY!

Drop-Off or Mail Your Registration Form with Payment to:

Manna on Main Street, Attn: Race To End Hunger
606 E Main Street, Suite 1001, Lansdale, PA 19446

Please make checks payable to Manna on Main Street.

I am registering for:

- 5-Mile Race** - \$35 by Feb 16; \$40 by Mar 31; After Apr 1 \$45
- 5K Race** - \$30 by Feb 16; \$35 by Mar 31; After Apr 1 \$40
- Fun Run** - \$10 by Feb 16; \$15 by Mar 31; After Apr 1 \$20
- Shopping Cart Challenge** (Complete team info form on reverse side)
- \$50 per team of 4
- FREE - I am registering a child age 7 or under** for Fun Run,
with paid adult.
Participating child's name: _____
- YES!** I will donate \$7 extra dollars in honor of Manna's 7th annual
event and help feed more people in our community.

Giveaways! *You will receive the giveaways at packet-pickup*

T-shirts for Fun Run & Early Bird Race Registrants (By 2/16/18)

Please check only one size:

Adult S M L XL XXL
or Child size S M L

Contact Information (print clearly)

ONE FORM PER PARTICIPANT

FIRST NAME _____

LAST NAME _____

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____

AGE _____ DATE OF BIRTH _____ GENDER _____

PLEASE READ CAREFULLY: In consideration of my participation, I hereby agree for myself, my heirs, my executors and administrators to waive any and all rights and claims for damages I may have against Manna on Main Street, a Pennsylvania nonprofit corporation, the sponsors, coordinating groups and individuals associated with the event, their representatives, successors and assigns and will hold them harmless for any and all injuries I may suffer in connection with said event. Also, none of the above are responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned that I must be in good health to participate in this event. I give permission for the free use of my name and picture in any broadcast, telecast, electronic or print media account of this event. I also hereby consent to permit emergency treatment in the event of injury or illness. If I am registering a participant who is under 18 years of age or an incapacitated adult, I represent and warrant that I am the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf.

SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE _____ DATE _____
(If Under 18)

SHOPPING CART CHALLENGE TEAM REGISTRATION

Your Name _____

(complete information on reverse side of form)

Team Name _____

PLEASE READ CAREFULLY: In consideration of my participation, I hereby agree for myself, my heirs, my executors and administrators to waive any and all rights and claims for damages I may have against Manna on Main Street, a Pennsylvania nonprofit corporation, the sponsors, coordinating groups and individuals associated with the event, their representatives, successors and assigns and will hold them harmless for any and all injuries I may suffer in connection with said event. Also, none of the above are responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned that I must be in good health to participate in this event. I give permission for the free use of my name and picture in any broadcast, telecast, electronic or print media account of this event. I also hereby consent to permit emergency treatment in the event of injury or illness. If I am registering a participant who is under 18 years of age or an incapacitated adult, I represent and warrant that I am the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf.

Team Member #2

FIRST NAME _____

LAST NAME _____

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____

SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE (IF UNDER 18) _____ DATE _____

.....

Team Member #3

FIRST NAME _____

LAST NAME _____

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____

SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE (IF UNDER 18) _____ DATE _____

.....

Team Member #4

FIRST NAME _____

LAST NAME _____

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____

SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE (IF UNDER 18) _____ DATE _____