

# Run4Recovery 5K Registration Form

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Age On October 7th: \_\_\_\_\_

Child (ren) participating and their age(s): \_\_\_\_\_

Please Check one: \_\_\_\_\_ Athletic Division \_\_\_\_\_ Casual Division

(You may participate in both divisions for 1 fee. Children 10 and under are free to participate with their parent in the casual division)

Amount enclosed \$: \_\_\_\_\_ \$25.00 Early Bird thru September 8th,  
\$30.00 September 9th thru October 7th. Children 11 and under are free

Additional Donation \$: \_\_\_\_\_ Total Amount Enclosed \$: \_\_\_\_\_

## **Please make checks payable to Run4Recovery**

Mail all payments to: Aurora Charter Oak Hospital

C/O Run4Recovery

1161 E. Covina Blvd

Covina, CA 91724

Or: Register online at [www.Run4Recovery.com](http://www.Run4Recovery.com)

Email all questions to [runforrecovery@yahoo.com](mailto:runforrecovery@yahoo.com) Additional Questions please contact Nikki Hernandez at 626-343-3665 or Robin McGeough 626-214-2015