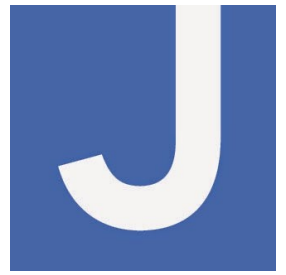




Kids Run Club Registration Form



September 19—October 24

PARTICIPANT

Name _____ D.O.B. _____ Age _____

MEDICAL

Please let us know if your child has any health issues or allergies: _____

PARENT / GUARDIAN

Parent 1 _____ Email _____

Contact Number _____ Alternate Number _____

Parent 2 _____ Email _____

Contact Number _____ Alternate Number _____

Address _____ City, State _____ Zip _____

Things to Know!

Ages 4-12

Thursdays

4pm-4:45pm (ages 4-7)

5pm-5:45pm (ages 8-12)

\$55 for JEA members / \$70 for Community members

T shirt included

Registration Fees

\$55 Member

\$70 Community Member

Office Use Only: Payment Method

Cash \$ _____ Check # _____ (payable to JEA)

Credit Card: Visa Mastercard

Amount Paid: \$ _____

Employee Signature _____

Date _____