

REGISTRATION FORM

Please fill out 1 form per participant (kids too)

“Eighth Annual Talk While You Walk/5K Run for Peggy Spiegler”  
Let's help Make Melanoma a Memory!

(Please print legibly).

( ) Walker ( ) Runner (check one)

Runners: Age on day of event (June 25, 2016)\_\_\_\_\_years old

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Email\_\_\_\_\_Phone #\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_

( ) Male ( ) Female

Team name (if applicable)\_\_\_\_\_

Enclosed registration adult fee **\$25.00** \_\_\_\_\_ Donation \$\_\_\_\_\_

Child's (12-18 years of age) registration fee **\$10.00** \_\_\_\_\_

Make checks payable to:

**Peggy Spiegler Melanoma Research Foundation (PSMRF)**

T shirt size (circle one)

Kids: M, L, XL Adults: S, M, L, XL

( ) Contact me to discuss possible sponsorship.

( ) My employer has a matching gift program, and I am including the proper completed form with my registration.

WAIVER:

I hereby acknowledge that I am physically able to participate in the “ Eighth Annual Talk While You Walk/5K Run for Peggy Spiegler” on June 25, 2016 I waive any and all claims arising out of this event which I might assert against PSMRF directors and volunteers.

Signature\_\_\_\_\_Date\_\_\_\_\_

For walkers under18 years of age

Parent or Guardian Signature:: \_\_\_\_\_

Mail this completed form with check to  
Peggy Spiegler Melanoma Research Foundation  
c/o Neil Spiegler  
410 Gatewood Road, Cherry Hill NJ 08003