

REGISTRATION FORM

Please fill out 1 form per participant (kids too)

“Seventh 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 20, 2015)_____years old

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Parent or Guardian Signature _____

Email _____

() 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: S,M, L Adults: S, M, L, XL

() Contact me to discuss possible sponsorship.

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

WAIVER:

I hereby acknowledge that I am physically able to participate in the “ Seventh Annual Talk While You Walk/5K Run for Peggy Spiegler” on June 20, 2015. I waive any and all claims arising out of this event which I might assert against PSMRF directors and volunteers.

Signature _____ Date _____

For walkers under 18 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

