



REGISTRATION FORM (Please print legibly and fill out 1 form per participant (kids too))

12th Annual Talk While You Walk/5K Run (USTA Certified) for Peggy Spiegler

Cooper River Park, Pennsauken NJ

Saturday, June 13, 2020 (Rain or Shine) Registration begins 7:45AM; Walk/Run starts 9:00 AM

( ) Walker ( ) Runner) (check one)

Runners: Age on day of event (June 13, 2020)\_\_\_\_\_years old

( ) Male ( ) Female

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Enclosed registration fee(s)

adult \$25.00 \_\_\_\_\_ Child (12-18 years) \$10.00 \_\_\_\_\_ Donation \$ \_\_\_\_\_

Make checks payable to: Peggy Spiegler Melanoma Research Foundation (PSMRF)

T shirt size (circle one) Kids: S, M, L, Adults: S, M, L, XL

Please contact me to discuss possible sponsorship. Check here ( )

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

WAIVER: I hereby acknowledge that I am physically able to participate in the " Twelfth Annual Talk While You Walk/5K Run for Peggy Spiegler" on June 13, 2020. I waive any and all claims arising out of This event which I might assert against PSMRF directors and volunteers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For walkers and runners 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