

## Movement Disorders MOVE4U 5k



## Registration Form

NAME:				
CITY:STA				
EMAIL:			PHONE:	
5K T-SHIRT SIZE	E (Circle One) Adu	lt: S M	L XL Minimum age of entry	13
IN CASE OF RAIN	N: The race will proce	eed as planned. We	e reserve the right to change the date under extreme circ	cumstances.
Donati	ons are tax-deductible		NAL DONATIONS dgement letter will be sent to the donor for tax purposes	3
Contributor Infor	mation			
First Name	Last Name	Mailing Addres	es	Amount
ENTR	RY FEE(S) OR DO	NATION	Mail Entry Form & Payment to: PMDF	
Entry Fee:	\$	(\$20)	14772 Moran St. Westminster, CA 92683	
Donation:	n: \$		For more information call: 714-369-7426	
Total:	\$		RELEASE FORM (all registrations must be sig	
My Employer has a Matching Gift Program: \$			I hereby waive any and all claims against PMDF, event sponsors, personnel, and all other persons, firms, corporations and/ or entities or anyone associated with this event, their respective or successors, for any injury or claims for damages that I may suffer from participation in this event. I grant full permission for organizers to use photographs, videotapes, recordings or any other record for this event.	
Please make check payable to PMDF  Visa ( ) MasterCard ( )				
Expiration Date		_	Date	
CVV Code (last 3 digit on the back of your card)			Signature of parent or guardian (if under 18 years old)	
			Date	