

REGISTRATION FORM

SUSAN G. KOMEN® RUN FOR THE PINK 6K - SUNDAY, FEBRUARY 18, 2018



1. All participants must fill out the entire form, sign it and return it with payment.
2. Each individual is encouraged to collect donations from their friends, family and co-workers.
3. Dri-Fit shirt size requests are based on **availability**.

First Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Age on Race Day
Address		Apt.# / Suite		
City	State	Zip or Postal Code	Country	
Phone (Cell)	Email Address			
Dri-Fit Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	How did you hear about this race?			
Emergency Contact Name and Phone Number	Are you a breast cancer survivor? If yes, how many years have you been a survivor?	Did you participate in Run for the Pink last year?		
Credit Card #: (Please do not leave spaces between numbers)	_____ - _____ - _____ - _____		Exp. Date	____ / ____
Billing Address: (if different from above)	Security Code: (This 3 digit code is located on the back of your card. Amex 4 digit code located on the front.)			
Card Holder Signature:	Price: \$			

MAKE CHECKS PAYABLE TO:

Susan G. Komen Miami/Ft. Lauderdale
 Run for the Pink 6K
 1333 S. University Drive, Suite 206
 Plantation, FL 33324