Registration Form

Receive a shirt, goodie bag, and food.

| First/Last Name: | |
|--|-----------------------------|
| Male | |
| Address: | |
| City:S | tate:Zip: |
| Email: | |
| DOB: Ph | 10ne: |
| Distance:1 mile Solo | |
| If registering as a team is required | - |
| Shirt Size (circle): | Child / Adult |
| S M L XL 2XL (A | \dd \$3) 3XL (Add \$3) |
| Fees Adult: 12 & Under: Team of 5 or more: | \$28 \$12 \$25 |
| Make Checks Payable a Solutions Recovery 621 Evans Street Oshkosh, WI 54901 | and send to: |
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