

# HEROES RACE AGAINST VIOLENCE 5K - 2016

## Katy Christian Ministries & Katy Police Department

### Race Participant Registration

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact#: \_\_\_\_\_

Known Medical Conditions/Allergies:  
\_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Size: S M L 1X 2X 3X

Would you like to be added to our contacts for event info and updates?  YES  NO

Ticket Level:

Qty.		Total:
_____	Adult (Pre-event): \$30	_____
_____	Child (Pre-event): \$20 Under 16yrs	_____
_____	Adult (Race Day): \$40	_____
_____	Child (Race Day): \$25 Under 16yrs	_____

Total Payment: \$ \_\_\_\_\_

Payment Type (Circle): CHECK CASH CARD

#### PAYMENT INFORMATION:

Name on card: \_\_\_\_\_

Circle: Visa, MC, Discover Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

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

\*Acknowledgment: By completing and signing this form, I acknowledge that I am committing to all the responsibilities of a Sponsor or Participant for this event and I understand that this is a nonrefundable fee. Should I be unable to attend, this fee will be considered a donation to Katy Christian Ministries.

**Please complete this portion fully  
with each participant's information.**

(Continue on back if needed)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact#: \_\_\_\_\_

Known Medical Conditions/Allergies:  
\_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Size: S M L 1X 2X 3X

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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