

**Lake Scary 5K For Cerebral Palsy**  
 November 3, 2018  
 Race begins @ 8am



# Runner's Registration Form

*Runners' Registration will begin promptly at 7am  
 Runners' packet will be available at the  
 REGISTRATION booth.  
 Registration forms must be received by the deadline.*

**Awards**

Top 3 runners in each category:  
 Adult Female, Adult Male, Youth, Kids Fun Run  
 (during the main race)  
 We will have a special treat for all kids (11 & under) participating in the Kids' run.

NAME (Last name will be used for registration): \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

Check appropriate box:  (to indicate name of person completing this form)

Age	Name of Runner	Amount	T-shirt Size (please circle size)	TOTAL
<input type="checkbox"/> Adult Male (18 & up)		\$25	S M L XL	
<input type="checkbox"/> Adult Female (18 & up)		\$25	S M L XL	
<input type="checkbox"/> Youth Male (Ages 12-17)		\$10	S M L XL	
<input type="checkbox"/> Youth Female (Ages 12-17)		\$10	S M L XL	
<input type="checkbox"/> Child (11 & under)		0	S M L XL	
Groups of 4 (age open)		\$75	S M L XL	
			<b>Total:</b>	

Team Name (If applicable): \_\_\_\_\_

Name of Team Participants: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**Pre-Registered 5k participants will receive a t-shirt, refreshments and a bag of goodies (while supplies last)**  
**Tickets for Raffle items are available for additional purchase during the race**

**Deadline – Forms must be received by October 30, 2017.**

*Please make check payable to*

UCP of Central Florida (Memo field: Lake Scary 5K)

**Send payment to: either LMP or**

UCP of Central FL

3305 S. Orange Avenue

Orlando, FL 32806

(O) 407.852.3369 or (F) 407.852.3301 or aaddarrat@ucpcfl.org

