



# 4 Mile Race Runner Registration Form 2019

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Student \$20

Adult \$25

Senior \$20

**THE ROOSEVELT DECA CHAPTER CAN ONLY ACCEPT CASH, CHECKS OR MONEY ORDERS**

Please make checks or money orders payable to:

**Roosevelt DECA**  
**1400 N. Mantua Street**  
**Kent, OH 44240**

Questions, Comments or Concerns: (330) 524-7619 OR [abby.camara@gmail.com](mailto:abby.camara@gmail.com)