



10.08.16

**1** FILL IN CONTACT INFORMATION.

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First Name	Last Name	Gender (M/F)	Age
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Street Address	City	State	Zip Code
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Phone Number	Email Address
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Emergency Contact	Emergency Contact Phone
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Phone #	Fax #	Email
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**2** FILL IN RACE INFORMATION.

HOW DID YOU HEAR ABOUT THIS RACE:

- FAMILY/FRIEND
- CENTRAL MS DOWN SYNDROME SOCIETY
- THE LITTLE LIGHT HOUSE
- BILLBOARD
- PRINT AD
- RADIO / TV
- OTHER

SELECT WHICH RACE ACTIVITY YOU WOULD LIKE TO PARTICIPATE IN:

- 5K RUN - \$30 (INCLUDES BUDDY WALK REGISTRATION)
- KIDS FUN RUN - \$20 (INCLUDES BUDDY WALK REGISTRATION)

CIRCLE YOUR SHIRT SIZE:

YXS YS YM YL S M L XL XXL

BUDDY'S NAME (OPTIONAL) : .....

TEAM NAME (OPTIONAL) : .....

**3** PAYMENT

Please make checks payable to: CMDSS and mail to: Central Mississippi Down Syndrome Society  
P.O. Box 935  
Jackson, MS 39205

