



Runner Registration Form
On line registration available at www.Angels5K.com

Where did you hear about us? _____

Team Name (if part of a team): _____

5K Run _____ 5K Walk _____ 5K Bark _____

Age on Race Day _____ Birth date ___/___/___

Male _____ Female _____ Bib # _____

Last Name _____ First Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Cell: _____

E-mail _____

Shirt Size (circle one): S M L XL XXL

Part of a Team? Team: _____

YOU MUST REGISTER FOR THE RACE TO INCLUDE A DOG (Bark)

Mail Registration to:

Angels 5K c/o Jeff Bivins

1176 Assembly Street

Belmont, NC 28012

Make Checks Payable to ANGELS OF97