

REGISTRATION FORM

Please complete this form, include payment and mail to:

PATH

202 Medical Campus Dr.
Burnsville, NC 28714

Entry Fees (NON REFUNDABLE):

Amount Enclosed: _____ (Make checks payable to: PATH)

Individual Participants:

Pre-Registration (postmarked by 4/17/26): Adults \$30, Under 18—FREE!

Regular Registration (postmarked after 4/17/26, including day-of registrations): Adults \$35, Under 18—FREE!

T-Shirt Size: (Check One) Youth S M L Adult S M L XL XXL
 3XL

***T-shirt sizes are limited and will be distributed on a first come-first serve basis.**

Participant Information:

LAST NAME _____ FIRST NAME _____ M.I. _____

GENDER _____

DATE OF BIRTH _____ / _____ / _____ AGE ON RACE DAY _____ PHONE (_____) _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ Is this your first 5K? _____

Race Day Emergency Contact: NAME _____

PHONE _____

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the attached liability and photo release waivers.

SIGNATURE _____ DATE _____ / _____ / _____

(Parent signature if under the age of 18)

PHONE # _____

MINOR'S NAME(S) _____

AGE(S) _____