

## 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) \_\_\_\_\_