



**Kentlands/Lakelands 5K
GOT FIT (Feet in Training)
Senior Walking Program
REGISTRATION FORM**



NAME _____
Last First Middle Initial

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (H) _____ PHONE (W) _____

FAX _____ CELL _____

E-MAIL ADDRESS _____

DOB: ___/___/___ AGE: ___ HEIGHT: ___ WEIGHT: ___ GENDER: _____

PHYSICIAN: _____

PHYSICIAN PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____

* * * * *

Program FEE: \$10/participant
(inc. 12-week training package, discount 5K Walk Registration Fee & t-shirt)

*Pay by check _____ Credit Card: Master Card ___ VISA ___

Card number _____ Exp. Date _____

*Please make checks payable to: *Kentlands Community Foundation*

Please mail completed application and check to:

Kentlands Community Foundation
Attn: Got FIT
267 Kentlands Blvd, #200
Gaithersburg MD 20878

Please note: Participants will need to provide a Doctor's note confirming sound health status and complete a Liability Waiver as part of the overall registration process.