



First Name _____ Last Name _____

Address _____ City _____

State _____ Zip Code _____ E-Mail _____

Phone _____ Age _____ Gender _____

T-Shirt Size _____ Do You Require Adaptive Equipment? _____

If Yes, Please Specify: _____

In What Event(s) Will You Participate? (2K, 5K, or both?) _____

Fill out all fields in this form and mail along with your check (\$20.00 per participant) to:

STRIDE Adaptive Sports
4482 NY Highway 150
West Sand Lake, NY 12196

* If registering more than one participant, please mail a completed form for **each** registrant.

For assistance, contact Patrick Hayslett, Development Director, at 518-598-1279.