

## REGISTRATION FORM

Make checks payable to: Vision 5K, P.O. Box 80067, Stoneham, MA 02180

OR use credit card     VISA     MASTERCARD     AMEX     DISCOVER

CARD NUMBER:

EXP. DATE:

CARD SECURITY CODE:

SIGNATURE:



Pre-registration fee  
thru May 23:  
\$25 cash/check  
\$28 credit card

Kids Fun Run  
registration \$5

MY FUNDRAISING GOAL	PLEASE ACCEPT MY DONATION	REGISTRATION FEE ENCLOSED	AMOUNT ENCLOSED

SIGNATURE:

DATE:

PARENT'S SIGNATURE (If under 18):

DATE:

### I would like my funds to be donated to:

- ALL AGENCIES
- CARROLL CENTER FOR THE BLIND
- MAB COMMUNITY SERVICES
- NATIONAL BRAILLE PRESS
- NEW ENGLAND COLLEGE OF OPTOMETRY / NEEI
- PERKINS SCHOOL FOR THE BLIND

## RUN & WALK REGISTRATION FORM



NAME: \_\_\_\_\_

Please print your name legibly here. Your signature is required on the back of this form.

ADDRESS: \_\_\_\_\_

CITY/ STATE/ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**FORM A TEAM** To compete in the team division, you must be a group of three or more.

Designate a team captain and submit all entries together.

WOMEN'S TEAM

MEN'S TEAM

CO-ED TEAM (WOMEN & MEN)

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

MALE

FEMALE

\*AGE ON 06/07/2008 \_\_\_\_\_

5K RUN  WALK  KIDS FUN RUN

BLINDFOLD CHALLENGE  CEO CHALLENGE

WHEELCHAIR WALKER  WHEELCHAIR RACE

> Are you blind or visually impaired?

YES

NO

> Will you need a guide?  YES  NO

> Competing in the Visually Impaired Division?

*(Legally blind in conjunction with USABA.*

*Certificate of legal blindness may be required.)*

YES

NO

> I would like to volunteer as a guide

YES

NO