

REGISTRATION FORM



PRESENTING SPONSOR
Geisinger



Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Age: _____

Email: _____

RACE: 1.5M Walk 5K Run 10K Run

Complete and mail form with your registration fee (**\$25 = 1.5M / \$25 = 5K / \$30 =10K**) (**\$35 after 4/13/2022**)

(make checks payable to: **AllOne Charities**) or register online at: runsignup.com/moonlightrun
For more information, please contact Michele Newberry at **570-969-7313** or mnewberry@cacnepa.org.

If mailing check in please send them to Children's Advocacy Center,
1710 Mulberry Street Scranton, PA 18510

Shirt Size: S M L XL XXL

Tech shirts guaranteed to pre-registered runners only



HAVE A TEAM?

Team Name (If Applicable) _____ Team Captain: _____

SIGNATURE REQUIRED

I hereby waive all claims against the Children's Advocacy Center, sponsors, or personnel for any injury I might suffer in this event. Furthermore, I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me for event promotion. I understand that the entry fee is nonrefundable.

SIGNATURE

DATE