



Registration Form

BrockTrot 2009

Proceeds to benefit the Brock Wilkerson Memorial Cancer Research Fund which supports research in lung cancer. Please register online: www.BrockTrot.org by October 22nd or mail this completed and signed registration form by October 18th

**To: BrockTrot C/O Conventures,
1 Design Centerplace,
Boston MA 02210**

****Only one registration form per person. Each team member needs to fill out a form for the team. If you are signing up as a family, each family member needs to fill out a form.****

Name: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

Age on race day: _____ Gender: M F Wheelchair: Yes No

I am registering for the:

First 150 Registrants will receive a t-shirt!

_____ 10K Road Race @\$25 Shirt size _____ \$ _____

_____ 10K Relay @\$15 Shirt size _____ \$ _____

_____ Kids' 1 Mile race (9-13 yrs)@\$10 Shirt size _____ \$ _____

_____ Kids' ½ Mile race (0 – 8yrs)@ \$10 Shirt size _____ \$ _____

_____ Community Pledge Walk @ \$10 Shirt size _____ \$ _____

I would like to purchase:

_____ adult post race food tix @ \$8 each \$ _____

_____ kids' post race food tix @ \$4 each \$ _____

Additional donation to the BrockTrot: \$ _____

Total \$ _____

Complete the following if paying by credit card. Circle one: VISA MC
(Sorry no American Express)

Credit card# _____ Expiration Date: _____

Sign here if paying by credit card:

Please make checks payable to: The Brock Wilkerson Memorial Cancer Research Fund

****Be sure to go to BrockTrot.org for all details on this event and to print your pledge sheets!****