



RUN, WALK, ROLL REGISTRATION FORM
SEPTEMBER 16, 2023 (Registration: 8 am; Start: 9 am)

FIRST NAME _____ LAST NAME _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

T-SHIRT SIZE _____

WILL YOU BE:

Running Walking Rolling Volunteering

If volunteering, are you willing to push a wheel chair if needed? YES NO

If rolling, will you be using: Wheelchair Bike OTHER: _____

1 Mile 2 Miles

WOULD YOU LIKE TO DONATE TODAY?

YES NO

\$5.00 \$10.00 \$20.00 OTHER: _____

PARTICIPANT/GUARDIAN SIGNATURE _____

***YOUR TIME, PARTICIPATION, AND CONTRIBUTION WILL HELP SUPPORT OVER 300
INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THANK YOU!!***

****Please email completed form to development@arcfdl.org or mail/drop off at our office: 500
N. Park Ave, Fond du Lac, WI 54935***