

TEAM FPC
"Midnight Flight Training"

Registration Form

Name: _____ Age: _____

Telephone# _____ Email: _____

T-shirt size: Adult: M L XL Child: S M L

Registration Fee: \$10.00 check # _____ cash _____

Please indicate your choice of the following:

Do you want to... (please circle one)

Walk? Jog? Run?

For which event do you plan to register? circle one

1-mile 5K 10K

Do you have a personal goal? Yes ___ No ___

If yes, please explain _____

Please indicate what practice times you plan to attend.

_____ Monday and Wednesday, 5:30 am

_____ Monday and Wednesday, 6:30 pm

_____ Saturday morning, 7:00

Return completed form and money to the church office.

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