



COVERED BRIDGES HALF MARATHON

POMFRET • WOODSTOCK • QUECHEE

The Family Place 2018 CBHM Registration Form

NAME:

First: _____ **Last:** _____

Gender: _____ (M/F) **Date of Birth** _____

Address: _____ (Street or PO Box)

_____ (Really long address)

_____ (City) _____ (State/Prov)

_____ (Zip/Postal Code) _____ (Country)

Telephone number: _____

Email Address: _____

T-Shirt Size (Unisex): _____

Credit Card #: _____ **exp. Date:** _____

Security Code: _____

(Name on card if different: _____)

Emergency Contact _____ # _____

Signature of Registrant Date

Signature of Guardian or Parent if under 18 Date

For more information, please contact
Hali Issente at hali@the-family-place.org
or visit familyplacevt.org