

**Walk-n-Sign 5K-a-thon
September 5, 2009
Registration Form**

<p>Pre-registration Deadline August 20, 2009</p>

I will participate in the CM7 Walk-n-Sign 5K-a-thon as follows:

I'm not able to participate but will donate \$_____

Individual Team/family – Name: _____

First Name: _____ Last Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ V/TTY/VP Email: _____

T-shirt size (circle one): S M L XL XXL Gender: M F Race day age: _____

Team/family members: _____ Age: _____ T-shirt size: _____

_____ Age: _____ T-shirt size: _____

_____ Age: _____ T-shirt size: _____

_____ Age: _____ T-shirt size: _____

_____ Age: _____ T-shirt size: _____

_____ Age: _____ T-shirt size: _____

Registration fees:	Postmarked by August 20	Postmarked after August 20
Individual	\$20	\$25
Team/family (4-6 members)	\$50	\$60
Total amount enclosed: \$_____		

Cash

Check/MO

American Express

Visa

MasterCard

Name on card: _____

Credit card #: _____ Expiration date: _____

Card holder's signature: _____

Make checks payable to Mark Seven Deaf Foundation and mail to:

**Camp Mark Seven
PO Box 23054
Rochester, NY 14692**