

Running With Angels

REGISTRATION

www.rwa-texas.com

512-496-3423

(PLEASE PRINT)

_____ **Male** _____ **Female**

DATE _____

ATHLETE'S

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

DATE OF BIRTH ___ / ___ / ___ **AGE** _____ **WEIGHT** _____ **HEIGHT** _____ **SS#** ___ - ___ - ___

SCHOOL ATTENDING _____ **SCHOOL GRADE** _____

FATHER'S NAME _____ **HOME PHONE** _____ **WORK PHONE** _____

E-MAIL ADDRESS _____ **CELLULAR** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

MOTHER'S NAME _____ **HOME PHONE** _____ **WORK PHONE** _____

E-MAIL ADDRESS _____ **CELL** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

IN CASE OF EMERGENCY CONTACT

NAME _____

PHONE _____ **RELATIONSHIP** _____

NEW ATHLETE _____ **RETURNING ATHLETE** _____

CASH _____ **CHECK#** _____ **RECEIPT #** _____ **FUNDRAISING** _____