

2023 RiverFire 5K Paper Registration Form

Name:	Sex: M		F	DOB:
Address:				
City:	State	Zi	р Сос	de:
E-mail address				
\$20.00 In-person BEFORE \$25.00 In-person 10/1/23 th		anteed	d T-sh	nirt)
\$28.00 In-person Day of Ra				
\$15.00 All Students (grade s		_		
Team Name (if applicable)				
T shirt size (for those ente	red BEFORE	10/1	/23)	
Small Medium La			,	rge
\$4.00 Mail my T-shirt to me	(for Virtual P	Partic	cipan	ts only). Other virtual
participants may pick up shirts AFTER 10/10	6/23 at CCFHS,	54 W	illow	Street, Berlin, NH.
Donation (Optional) in sup	port of Respon	ise.		
Liability Release: In consideration of my erexecutors and administrators, waive any and against Coos County Family Health Services even sponsors and representatives by my reg CCFHS and Racemenu permission to use my its events and services. Signature:	all rights and cl (CCFHS), the distration and part	aims i city of ticipa	for da f Berli ation i	mages I may have in, Racemenu, and all n this event and give
(parent signature if under	18)			

All Donations are Tax Deductible and benefit

Response - A Domestic & Sexual Violence Resource Center

Please send completed and **signed** form and nonrefundable check made out to: **CCFHS**, **133 Pleasant Street**, **Berlin**, **NH 03570**.