## **2024 Race for Autism SUPERHERO 5K**

April 6, 2024

# $\pmb{Registration\ Form\ (Please\ fill\ out\ ONE\ FORM\ per\ Registrant)}$

Pl	ease use ONE fori	n p	er	pe	ers	<b>SO</b>	n																										
First	t Name														L	ast	Na	me															_
Addı	ress (Street) /Apt. #																																
City																						St	ate				Z	Zip C	Cod	e			
	-    -						M	[ ]	F				X		X			X	-	X			X		X			X	2	$X \mid$	X		
(A	rea Code) Phone Number -	Day	time	•		G	ende	er					Ag	ge	;				Ι	ate	e of	f B	irt	h (1	ИN	1-I	D	-YY	ŹΥ	<u>Y)</u>			
			I								-			I	1										ı								
Em	ail Address (Please make	sure	it is	s re	ada	ble	an	d co	orre	ect	t –	it v	vill	b	e use	ed t	0.5	end	vo	u 1	rac	e c	let	ails	 s/in	str	uc	tio	ns)				
	t Size		ent:																_								_						_
	Youth Cape		5K Run (Timed)									Registration (See Table Below)										<u> </u>											
	-											1) Adult																					
	□ Small/Adult Unisex □				5K Walk									2) Youth											\$								
	Medium/Adult Unisex		1 Mile Family /Walk									3) Child											\$										
	Large/Adult Unisex																																
	X-Large/Adult Unisex																																
	XX-Large/Adult Unisex (\$3 Fee)		:									ADD: XX-Large T-Shirt Fee (\$3.00)										\$											
														Donation (Optional)							\$												
														N	Mus	t b	<b>e</b> ]	pos	tm	ar	ke	ed	by	7									_
														N	Mar	ch	15	5, 2	02	4							J.						
	ke Checks payable to : tional Foundation	for		4	an	. I	Doc	100	· ro	h									To	ota]	1						\$	Ì					
RAC cons good in th any who dam give	CE RELEASE (MUST BE Seent to these provisions is gived physical condition. I hereby his event and I hereby release a affiliated individuals, the San use property and/or personnel a lage, or claims I may have arise my full permission to the Nat	IGNI n in c assum nd ho Diego re uso ing on	ED E onsi ne fu old h o Ra ed, a ut of Fou	BY I idera ill an ace fo and a f my	PAR ation nd calless or A all of partion	RTION OF STATES	CIPA the a plete d cov sm a r per patio	AN'acce resvena nd a sons on ir	F One ptant in any a sor in this Res	R nce sib not aff en s e ea	AP e of oilit t to filia titi even	f thing ty for file of the fil	or a sui ind sso incl use	gi ny it a liv cia lud	strati  injui agains idual ated v ding p	on.  y or  st th  s, th  vith  erso	I ar ace Note this on a	m a ccide latio city of several injohs,	vol nal of S ent ury vide	whick Footant (the or e	ary ch i und Die "I dan apes	pa ma lati ego Rel nag	rtic y o on an eas ge s	cipa ccu for d al ees uffe	nt in du Aut Aut Black Barrier	n thuring tist over the transfer transfer the transfer transfer the transfer transf	his ng r n R ernn n ai y m	even my p Rese ment ny lo ne on	nt, a part earch tal a oss, r oth of n	and ticip h an ager , lia hers ne th	ationd ncie bili . I	es ty, [	
-	provided to NFAR and taken b	y me	or s	ome	one	els	se I	HA	VE I	RE	CAE	TI	IIS	RF	ELEA	SE	OF	LIA	BII	ΙT	Y A	NI	U	NDI	ERS	STA	١NI	) IT	ST	ERN	MS,		
ANI	SIGN IT VOLUNTARILY.																															7	
	Signature of Partic	ipar	t o	r G	ua	rdi	ian						_						-	,	То	da	ıy'	s I	)at	e	_						
	For Team Participation	(if ar	plic	cab	le)													I w	an	t t	<u>ი I</u>	ea	rr	n n			ah	011				J	
	Team Name	·I			,									Becoming a Corporate Sponsor																			
	Team Captain																			-		•			-								
Na	tional Foundation for A	Autis	sm	Re	sea	rcl	1												(8	358	3)	67	9-	88	00								

## 2024 Race for Autism SUPERHERO 5K

April 6, 2024

### **Registration Form** (Please fill out ONE FORM per Registrant)

Please use ONE form per person

#### **Instructions**

Each individual needs to fill out and sign a registration form.

Families – Please fill out a form for each person participating in the 2021 Race for Autism event. You can send in one check for the whole family.

If you want to pay by credit card, please use our on-line registration at

#### www.RaceforAutism.org.

It is easy and secure and allows you to have your own fundraising webpage.

#### FEES Registration includes a bib, t-shirt or cape, and commemorative finisher medal.

	Before Dec 31	Jan 1 - 31	Feb 1- 28	Mar 1 - 15
ADULTS (18+ yrs old)	\$30.00	\$35.00	\$40.00	\$45.00
<b>YOUTH</b> (13-17 yrs old)	\$25.00	\$30.00	\$35.00	\$40.00
CHILDREN (under 12 yrs old)	\$20.00	\$25.00	\$30.00	\$35.00
(Each Registration includes Mailing of Bib and T-shirt)				

Race Disclaimer: The race can be altered, postponed or cancelled with no refunds due to weather, natural disturbances, police activity, acts or threats of terrorism. Also the event is a fundraising event with no refunds. Transfers of entry to another individual is allowed until March 1, 2024.

Participants will receive an official event T-shirt and a commemorative medal. T-Shirt size or availability may be limited for LATE/Race Day registrations.

#### Mail completed registration forms and payment to:

National Foundation for Autism Research Attn: Race for Autism PO BOX 502177 San Diego, CA 92150-2177