



Name: _____
(First) (Last)

Address (required to mail shirt): _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number (Used only if needed for this event): _____

Registration Fee: \$25

Adult Shirt Size: (Please circle)

S - M - L - XL - 2X - 3X

Please make check out to First Baptist Church, write "5K Registration" in the memo line and include with this registration form. Mail to:

First Baptist Church
3300 Fairlawn Dr.
Columbus, IN 47203