

8th Annual



Saturday, April 21, 2012

Castaic Lake, 32132 Castaic Lake Drive 8 am – 2 pm

Name (Last)	(First)_	
Address		
City		State Zip Code
Phone Number ()	Email	A Section 18 at 1950
Year & Model of Car		License Plate No
Color & Description of Car		
Car Club Affiliation (If Any)		
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CLASSIC AUTO SERVIC	Ξ.	
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BICADOC	3 .	
Mail to Davidston Co.		
Mail in Registration For Please print legibly	orm Sala	
Please make checks payable to Mail to: Circle of Hope, 23560 L		
Newhall, CA 91321		
Online registration: www.Circle 661-254-5218; fax 661-254-5255	ofHopeinc.org/events/5k-waik	
Flyer downloaded from ww		
Pre-Registration (**includes t-sh Event Day Registration: \$40 per	nirt): \$30 per vehicle (\$25 is tax of	deductible donation)
Parking included with registration	participant (\$55 is a tax deducti	bie donation)
Circle choice of shirt size: ADL	JLT: S M L XL XXL YOU	TH: M L
Visa/MC/Discover/AmEx		
Credit card #	Security Co	ode: Exp. Date:
Please sign for waiver below: Signature:		

This form hereby waives and release any and all rights, claims or damages I may accrue against the persons and organizations affiliated with the event, Castaic Lake Park & Recreation and Circle of Hope, Inc. for any and all injuries that may be suffered by me during the event or enroute to and from the event. I attest that I am physically fit for this event. I also consent to emergency treatment in the event of injury or illness and I agree to be financially responsible for the same. I acknowledge that I have read and understand all of the above.