



Lambda Nu 5K Run/Walk for Radiology

Registration Form

(all fields required)

First Name: _____ Last Name: _____

Age on race day: _____ Email: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Choose your race (circle one) Adult 5K Run/Walk Kids 5K Run/Walk

T-shirt size (circle one) YS YM YL S M L XL

Signature (parent/guardian if under 18)

Date: ____/____/____

Mail this form and \$25 registration fee to:

State Technical College of Missouri

Attn: Melissa Hart

One Technology Drive

Linn, MO 65051

(make checks payable to State Tech. Please write "Lambda Nu" on the memo line)