



Join us for the 10th Annual
Battling Cancer Race!
 Due to the ongoing COVID-19
 pandemic this year's race will be only
 held virtually (5K only).

Run anytime on June 19th or June 20th
 and send pictures to
info@battlingcancerrace.com for
 posting to our social media page.

www.BattlingCancerRace.com

Participant Option: 5K Run/Walk

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ | _____ | _____ Email: _____

Age: _____ Date of Birth: ____ / ____ / ____ Gender: (check one) Male Female

1. Can you be contacted about subsequent Battling Cancer Race events: (check one) Yes No

2. Would you like to receive information about the Fredericksburg Area Running Club? (check one) Yes No

Participation Tribute: (check one) In Memory of: In Honor of: Tribute Name: _____

T-Shirt Size: (check one) **Shirts may not be available nor sizes guaranteed for runners registering after June 9, 2021**

Small Medium Large X-Large XX-Large No thanks

In consideration of the foregoing, I for myself, executors, and administrator, waive and release any and all rights and claims for damages I may have against Mary Washington Healthcare (MWHC), Arsenal Events, Fredericksburg Area Running Club (FARC), and any and all participating sponsors and supporters for all claims and damages, actions whatsoever in any manner as a result of my participation in this event and that my medical condition to do so has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use my likeness for any further publicity or advertising. I further agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I have read the above conditions and accept them as shown by my signature below.

_____ Date: ____ / ____ / ____

Signature (parent signature if participant under 18)

Type of Payment: (check one) Visa MasterCard Discover American Express Check Enclosed Cash

Credit Card #: _____ Exp. Date: ____ / ____ (MM/YY)

CSC: _____ (CSC is 3 digit number on back of Visa, MasterCard, Discover; 4 digits on front of American Express)

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Cardholder Signature: _____ Date: ____ / ____ / ____

Registration Form (one form per participant)
2021 FARC Coldwell Banker Elite Grand Prix Race Series
 Race fees \$30 5K
 Discounts: FARC members \$5 off
 5K Family Bundle (3 or more signups, save \$5 per person)
 Registration now open through June 20 at
www.arsenal-events.com
 Packet pick up: Lucky Road
 3pm-6pm on June 18th or 3pm-6pm on June 21st.



Please send registration forms and checks to:
 Fredericksburg Area Running Club/Attn. Battling Cancer 5k
 PO Box 3653 Fredericksburg, VA 22402-3653
 Please reference on check: Battling Cancer Race 2021

Questions, please call:
 Cris Pfohl at 540.226.9695 or
 Kyle Pfohl at 540.735.5324 or
 Patty Kramer (FARC) at 703.862.8376

Race # _____
 (for internal use)