



Program Registration Form

Program Name: _____

School or Organization Affiliation: _____

Coordinator Name: _____

Coordinator Address: _____

City: _____ State: _____ Zip: _____

Coordinator Phone Number: _____

Coordinator Email Address: _____

Projected Number of 5K Participants: _____

Projected Number of Half Marathon Participants: _____

Projected Number of Total Participants: _____

For Questions or to Return this Form:

Vision Event Management

Attention: Kathy Pelletier

13795 Oakwood Court

Carmel, IN 46032

(317) 850-6887

Fax: (317)522-4900

Kathy@VisonEventManagement.com