## Please Print Legibly

## ROXBURY ROAD RUNNERS CLUB

_	AMOUNT PAID:	
Check One: SEASON MEMBER or (valid March-December 2025)	WEEKLY WAI	IVER
NAME	DATE OF BIRTH	
ADDRESS		
(city)		(zip)
EMAIL	CELL#	
EMERGENCY CONTACT:  NAME:  . agree that I		
I,		
Signature:		Date:
Parent's Signature if under 18 years:Date:		