

**9th Annual Adler Park
Gator Gallop
FUN RUN**

Registration Form

Family Name: _____

Participants: (enter names)

Student: _____

Student: _____

Student: _____

Student: _____

Family Member: _____

Family Member: _____

Family Member: _____

Optional Family Registration Fee:

(Please choose amt or enter own) ____ \$25 ____ \$30 ____ \$50 ____ \$100 ____ (\$ ____)

Optional Sponsors: (please feel free to get sponsors for the event – more space is on the back, if needed)

Name:	Donation Amount:
1.	\$
2.	\$
3.	\$

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Name:	Donation Amount:
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
TOTAL:	