



CHAPMAN UNIVERSITY

5K

SATURDAY, OCTOBER 3, 2015 7:30 a.m.



First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Date of Birth _____ Sex: M F

Chapman Affiliation _____ Shirt Size: XS S M L XL XXL

CHECK (Made payable to Chapman University Acct. 1327)

CREDIT CARD Visa Mastercard AMEX Discover Total Amount _____

Name on Card _____ Credit Card # _____

Exp. Date ____ / ____ / ____ CVV _____ Signature _____

I understand my registration is contingent upon received payment and a signed release waiver.