



NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

**VIRTUAL 5K  
APRIL 13-19, 2020**

	<b>Fee</b>
<b>Non-Member</b>	\$10
<b>Member</b>	\$10

PAYMENT METHOD (check one below)

, Check payable to CACM    Visa    Mastercard    American Express    Discover

For credit card payments please supply the following:

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER'S NAME (please print): \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Yes, please email a credit card receipt to: \_\_\_\_\_

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