Student Group Registration Form

School_____ **PE Teacher or school MMK coordinator's name**_____

Contact's phone:_____ **Contact's email:**_____
(to receive updates on events for MMK)

	Student's Last Name	First Name	Age	Signed waiver for participation ***(must be attached)***	$12 Registration Fee paid	Comments*
1						
2						
3						
4						
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SPECIAL NOTES:

1. ***Students will receive a Miracle Match KIDS race bib and a special commemorative item. T-shirts will not be given.***
2. ***A discount registration of $10 per student will be given to each student who registers on-line at https://runsignup.com/Race/TX/Waco/MiracleMatchMarathon***
3. **If a student wishes to complete their last mile in the 5K race instead of the one mile, please indicate this in the comment column.**

Mail with registration forms and fees to: Miracle Match Marathon
11210 Whiterock
Temple, TX 76502