

# RACE FOR WELLNESS

## REGISTRATION FORM

*Print this form and bring it to our Clinic! 162 N Dean St, Spartanburg, SC 29302*

### Personal Information:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Yes, I would like to sponsor a patient to participate!

Number of Patients: \_\_\_\_\_

### Race Category:

☐ Individual

☐ Team (If yes, fill out team information)

Team Name: \_\_\_\_\_

***\*\*Have a team with more than 6? Register online with the QR code below!\*\****

### Team Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

### Pricing:

**Adult (18+): \$30**

**Student (High School & College): \$20**

**Child (12 & Under): \$10** *No Team Discount*

**Patient Sponsorship: \$10 per patient**

***Team Discount (6 or More Participants): \$5 off per Person***

**Total: \$** \_\_\_\_\_

☐ Cash

☐ Check (Payable to **St. Luke's Free Medical Clinic**)



**Scan to Register  
Online!**

Questions? Want more Information? **Email: [mr Ramirez@slfmc.org](mailto:mr Ramirez@slfmc.org)**