



# REGISTRATION FORM

KPOG 2024 5K

FULL NAME



GENDER

Male  Female

AGE

T-Shirt Style

 

TODAY'S DATE

 /  / 

Adult.

Youth

SIZE  
S - 4X

ADDRESS

STREET

CITY

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

I, .....[Your Full Name], hereby declare that all the information provided in this registration form is true and accurate to the best of my knowledge. I understand that participating in physical exercise and fitness activities carries inherent risks, and I voluntarily assume all such risks. I acknowledge that KPOG-FM and its staff are not responsible for any injuries or accidents that may occur during the event. I further acknowledge that my registration cost is non-refundable.

Signature: \_\_\_\_\_

Date:     /     /

Mail form and enclosed money order, check or online receipt to:  
DMMAR PO Box 65961 West Des Moines, IA 50265



**PAY ONLINE**  
**SCAN THE QR CODE**