



Please fill out this form if you are interested in the 5K only.

Shirt Size: _____

Name: _____

Address (Optional): _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please Make Checks Payable: **The Chamber's Foundation**
Memo Line: **Will's Night Out (WNO)**

Please return to registration form and check to:

WTYDF
P.O. Box 223
Wallingford, PA 19086

Questions? Contact Neal Regino: neal_regino@wtydf.com or 610-389-3578