



____ Will's Night Out (Number of Guests)

____ Will's Night Out and Will's 5K Classic (Number of Guests)

____ Shirt Size (Will's Night Out does not include T-shirt)

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