

**\* BREAST CANCER AWARENESS \***

# ZUMBATHON

## PARTICIPANT REGISTRATION FORM

Please complete and return to [georodriguez@newhorizonhc.org](mailto:georodriguez@newhorizonhc.org)

**NAME:** \_\_\_\_\_

**\*\*AGE:** \_\_\_\_\_

**SHIRT SIZE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EXT:** \_\_\_\_\_

**PAID:** \_\_\_\_\_

**FREE T-shirt with registration fee!**  
**(While supplies last. First come, first served.)**

**\*SIGNATURE:** \_\_\_\_\_

*\*In consideration of being permitted to participate in this Zumbathon, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation.*

**\*\*Participants under the age of 18 must be accompanied by a parent/guardian and have their signature of approval to participate.**

**ALL PROCEEDS WILL GO TO THE NHHC PATIENT FUND**



**Dean Porter Park Large Pavilion**  
**Dean Porter Park Dr., Brownsville, TX 78520**