



CHECK PAYMENT FORM

*** Must be returned within 5 days of registering online to secure spot in program**

Registration Policy - PLEASE READ CAREFULLY!

Registration for programs is accepted on a first come, first serve basis. **Registration is ONLINE ONLY.** Please go to our website at www.gotrsv.org to register. Please follow the steps below if you do not have a MC or Visa Credit or Debit Card and the only way you can pay is by check. This form and check **MUST** be received within 5 days of registering online or registrant will be removed from the list. We encourage everyone to pay with a credit card to guarantee program registration. However, we are making a check payment option available for those who are unable to pay by credit or debit card. There is a \$5 processing fee. Please complete the information below and mail in with a check immediately after registering. Thank you!

APPLICATION PROCESS:

- 1. REGISTRATION is ONLINE only.** Please enter all of your information **ONLINE** and at checkout enter the following promo code: **CHECKSV2012**
- 2. PRINT** out a copy of **CHECK PAYMENT FORM** and return the completed form to **GOTRSV** along with a check for the full amount of the program at the site listed plus a \$5.00 processing fee.
- 3. PAYMENT – MAIL IN A CHECK** with this form **within 5 days** of registering online to Girls on the Run of Silicon Valley, PO Box 510, Los Gatos, CA 95031.
- 4. ONCE CHECK AND FORM ARE RECEIVED IN OUR OFFICE,** we will notify you to confirm the registration.

GENERAL INFORMATION (required):

Girl's Name: _____ Program Location: _____ Dates /Times: _____

Parent/Guardian Name: _____ Phone: _____

E-mail Address: _____

Mailing Address: _____

Street City State Zip

REGISTRATION COMPLETED ONLINE?

Yes _____ Date of Online Registration: ____/____/_____

No _____ If NO, do NOT mail in check and form until online registration is complete.

PROGRAM FEE AT CHOSEN LOCATION: \$ _____ + \$5.00 processing fee = **TOTAL:** \$ _____

Mail check and form to: Girls on the Run of Silicon Valley, PO Box 510, Los Gatos, CA 95031

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE CONTACTED: _____ BY PHONE: _____

MAIL: _____ E-MAIL _____ AMOUNT PAID: _____

DATE PAID: _____ CHECK #: _____