

**Nova Southeastern University
College of Health Care Sciences
"Fun in the Sun Scholarship 5K Run"
Registration Form**

\$25 per registrant

Registrant(s):

1. _____ T Shirt Size XS SM MED LARGE XLARGE XXLARGE

Phone: _____ Email: _____

Address: _____ City/Town: _____

State: _____ Zip Code: _____ Country: _____

Department: _____ Program Year: 1st, 2nd, 3rd, Faculty/Staff, Administration, other _____

2. _____ T Shirt Size XS SM MED LARGE XLARGE XXLARGE

Phone: _____ Email: _____

Address: _____ City/Town: _____

State: _____ Zip Code: _____ Country: _____

Department: _____ Program Year: 1st, 2nd, 3rd, Faculty/Staff, Administration, other _____

3. _____ T Shirt Size XS SM MED LARGE XLARGE XXLARGE

Phone: _____ Email: _____

Address: _____ City/Town: _____

State: _____ Zip Code: _____ Country: _____

Department: _____ Program Year: 1st, 2nd, 3rd, Faculty/Staff, Administration, other _____

Total check amount enclosed: \$ _____

Check(s) made payable to:

NSU College of Health Care Sciences Scholarship Fund

Mail or drop off to:

Nova Southeastern University
College of Health Care Sciences
Scholarship 5K Race
Terry Building, Room 1277
c/o Kevin Kunkel, PT, PhD
3200 South University Drive
Fort Lauderdale, Florida 33328