

GILA RIVER POLICE DEPARTMENT



***Special
Olympics***

TORCH RUN REGISTRATION

NAME: _____ DOB: _____

PHONE: _____ GENDER: _____

SHIRT SIZE: _____

- GRIC
- GRIC EMPLOYEE
- OTHER NATIVE
- NON NATIVE

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____