



REGISTRATION AND INFORMATION FORM

MUSEUM 5 KM RACE.

Sunday September 27, 2026

Start: 7:00am



NAME: _____

ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Cell:** _____

Email Address: _____

Club Member: _____

REGISTER NOW

COST:

\$13 Dlls Per person

Please send this form by U.S. Mail with your check:

by September 25, 2026.

To: CAREM

P. O. Box 280 Tecate, CA 91980

OR pay by Credit Card and scan or mail your registration form.

Credit Card: Mastercard or Visa (Please circle the proper card)

Card No.: _____ **Exp. Date:** _____ **Sec. Code:** _____

Signature: _____

I understand that CAREM conferences and activities are organized for the benefit of members and registered guests, and that participation is voluntary. I agree to hold CAREM leaders and property holders harmless in the event of an accident.

REFUND POLICY: If for any reason the workshop does not proceed, your payment will be returned to you, however if the workshop proceeds, a refund less 25% processing fee is available only if event of serious emergency.

Signature _____ **Date:** _____

Your registration will be confirmed by email or U.S. mail.

Corredor Histórico CAREM, A. C. is a Mexican non-profit civil association

carem.ac@outlook.com www.carem.org

Thank you and we look forward to traveling with you