

Reach Out & Run Registration

Please use one registration form per family.

Family Name _____

Family Address _____

Phone _____

email _____

Where did you hear about us? _____

Name _____

Age _____ Shirt Size _____

_____ M/F _____ Run _____ Walk _____ Kid's Run

Name _____

Age _____ Shirt Size _____

_____ M/F _____ Run _____ Walk _____ Kid's Run

Name _____

Age _____ Shirt Size _____

_____ M/F _____ Run _____ Walk _____ Kid's Run

Name _____

Age _____ Shirt Size _____

_____ M/F _____ Run _____ Walk _____ Kid's Run

Race Entry Fees

Kid's Fun Run _____ \$ _____

(14 & Younger)

\$12 preregistered;

\$15 race day

Qty.

Total

5K Run/Walk _____ \$ _____

\$30 preregistered;

\$35 race day

Qty.

Total

Thank You! _____

Total

Sorry, no refunds.

No refunds. Must be postmarked by April 1.

Make checks payable to: *The Society of St. Vincent de Paul*

5K T-Shirt

Sizes

Adult Small

Adult Medium

Adult Large

Adult XL

Adult XXL

Kids Run T-Shirt

Sizes

Youth Medium

Youth Large

Waiver Must be signed to register.

*In consideration of my participation in the Reach Out & Run 5K Run/Walk and Kids Fun Run, April 10, 2010, I for myself and anyone entitled to act in my behalf, waive and release all rights and claims for damages I may have against all event organizers, sponsors, officials or staff of The Society of St. Vincent de Paul, St. Gilbert Catholic Church, Independence Grove, and St. Paul the Apostle Church, for all claims or liabilities of any kind, as a result of my participation in this event. Further, I grant permission to The Society of St. Vincent de Paul, St. Gilbert Parish and St. Paul the Apostle, to use photographs or any other record of this event without compensation to me. I authorize my contact information to be provided to Golden Legs Racing and other race sponsors. I certify that I am physically fit and able to participate in this event. I understand that the event will be held rain or shine and there are no refunds for non-participants. **I agree that if I do not return the chip, I will be fined \$25.00.***

Each applicant please sign and date
(or parent/guardian if participant is under age 18):

1 _____

2 _____

3 _____

4 _____

MAIL FORM AND PAYMENT TO:

The Society of St. Vincent de Paul

P.O. Box 9184, Gurnee, IL 60031

02/26/10

Office Use Only

Race Bib #

Date Received