



SUNDAY, September 18, 2011

ST. AGNES, 1680 DIXIE HWY, FT. WRIGHT KY 41011

2:30 - 3:45pm

Packet Pickup

4:00pm

Race begins promptly

FOOD, REFRESHMENTS AND AWARDS FOLLOWING THE RUN

www.smiles4maria

PRE-REGISTRATION

\$15 (includes t-shirt) postmarked by September 5, 2011

\$50 family rate: all members of your immediate family. Pre-registration only and not available

for on-line registration.

OR

Register online by September 12, 2011 @www.sprunning.com (6.25% processing fee)

RACE DAY REGISTRATION

\$25 per person, t-shirt not guaranteed and family discount not available

THE RACE

The race will start and finish at St. Agnes School. The course will be 5KM (3.1 miles) through scenic Park Hills

PRIZES

Special awards given to the top male and female runners as well as walkers. Top male and female runners and walkers in the following divisions will also receive prizes: (Runners) U14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60/over. (Walkers) U29, 30-39, 40-49, 50-59, 60/over.

OFFICIAL ENTRY FORM

Run Walk

First Name _____ Last Name _____ Age (on race day) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____ # entrants _____ (list at bottom)

Sex: Male Female

T-Shirt Size: YM YL S M L XL XXL

I cannot attend, but please accept my donation of \$ _____ to the Smiles & Miles Maria Schaffstein 5K

Mail entry to Ceramic Tile Outlet c/o Andy Kennedy, 1405 Jamike Ave. Suite 1, Erlanger, KY 41018

MAKE CHECKS PAYABLE TO ST. AGNES BOOSTERS

On consideration of the acceptance of my entry I hereby waive on behalf of my heirs, executors and assigns, all claim of any nature arising from my participation in the Smiles and Miles Maria Schaffstein 5K, Steve Prescott, St. Agnes, St. Agnes Boosters, and all sponsors, workers, officials and volunteers from any claim arising from my participation and acknowledge that the Race committee may refuse or return my entry at its discretion. I understand the risks for such a run/walk and have trained adequately in preparation. I HAVE NOTED ANY MEDICAL CONDITIONS ON THIS FORM.

Signature _____ Date _____

Parent Signature for **all entries** (if under 18) _____ Date _____

PLEASE LIST ALL PARTICIPANTS FOR FAMILY RATE - WAIVER ABOVE MUST BE SIGNED FOR ALL UNDER 18

Name _____ Age (on race day) _____ Sex: Male Female T-Shirt Size: _____ Run Walk

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