

St. Jude 5K Run/Walk For The Cure!



August 2, 2014
8:00AM
Baker Park
121 N. Bentz Street
Frederick, MD 21701



Registration: Pre-register by mail, postmarked no later than Friday, July 25th or online at:
www.stjude5k.yolasite.com

Race Day Registration: Register on Race Day between 6:15 and 7:30 AM at race location.

Entry Fees: Adults 18+ \$20 until July 2nd / \$25 July 3 - Race Day
Youth 11-17 \$15 until July 2nd / \$20 July 3 - Race Day

CHILDREN 10 & UNDER RACE FOR FREE!

***All runners/walkers registered before July 18th will receive a commemorative t-shirt;
July 19th - Race Day registrants will receive t-shirts on a first come, first serve basis***

Awards: Awards will be distributed immediately following the race to the runners/walkers who finish under 45 minutes in the following age categories: Overall Top 3 Male Finishers; Overall Top 3 Female Finishers; First Place Male and Female Finishers in the following age groups: 10 and under, 11-17, 18-29, 30-39, 40-49, 50-59, 60-69, 70+

Post Race Party: In addition to food and beverages, there will be a raffle for all registered participants, for a chance to win some *exciting prizes!*

Please contact Rachel Cuesta with any/all questions at RachelRuns247@aol.com or 301-676-5513
Visit our website for more details about the race: www.StJude5k.yolasite.com

Last Name: _____ First Name: _____

Age on Race Day: _____ Sex: _____ Address: _____

City, State & Zip: _____ Phone: _____

Date of Birth: _____ Email: _____

I am a: Runner/Walker Race Walker

T-Shirt Size: S M L XL

Additional Donations to St. Jude Children's Hospital:
\$ _____

In consideration of your accepting my entry, I, intending to be legally bound, do hereby of myself, my administrators, and executors, waive and release forever any and all claims against the "St. Jude 5K Run/Walk For The Cure" and any and all sponsors, officials, and organizers of this race, their successors, representatives, and assignees for any and all damages and injuries suffered by me while attending and participating in the "St. Jude 5K Run/Walk For The Cure." I will also allow my picture to be used in publication as a result of this race.

Signature of Participant _____ Date _____
(Parent/Guardian must sign for participants under 18)

Make checks payable to: **St. Jude 5K Run/Walk For The Cure**

Mail completed applications and fees to: **St. Jude 5K Run/Walk For The Cure; 9729 Doctor Perry Road,
Ijamsville, MD 21754**