



SUNDAY, SEPTEMBER 16, 2018

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

2:30pm – 3:45pm Packet Pickup
4:00pm Race begins promptly
5:30pm Katie Stewart Memorial FROG Hop
(Children 6 and under- no additional fee)

FOOD, REFRESHMENTS AND AWARDS FOLLOWING THE RUN / WALK

PRE-REGISTRATION: NEW THIS YEAR: FAMILY REGISTRATION WELCOME ONLINE

Register online by September 7, 2018 @www.runningtime.net (additional processing fee will be charged).

\$20 Individual

\$65 Family rate

RACE DAY REGISTRATION: \$30 per person, t-shirt not guaranteed and family rate not available.

PRIZES: Special awards given to the top male and female runners as well as walkers.

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

Pre-Registration must be completed or submitted by **Friday, September 7, 2018 to ensure t-shirts.**

OFFICIAL ENTRY FORM *MAKE CHECKS PAYABLE TO ST. AGNES BOOSTERS*

(NO designation will be marked as a runner) You will need these details to register online.

Mail entry to: Smiles & Miles, c/o Saint Agnes School, 1322 Sleepy Hollow Rd, Ft. Wright, KY 41011

AVAILABLE T-SHIRT SIZES: YM YL S M L XL XXL

NAME_____	AGE_____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	T-SHIRT SIZE_____	<input type="checkbox"/> -RUN <input type="checkbox"/> -WALK
NAME_____	AGE_____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	T-SHIRT SIZE_____	<input type="checkbox"/> -RUN <input type="checkbox"/> -WALK
NAME_____	AGE_____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	T-SHIRT SIZE_____	<input type="checkbox"/> -RUN <input type="checkbox"/> -WALK
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NAME_____	AGE_____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	T-SHIRT SIZE_____	<input type="checkbox"/> -RUN <input type="checkbox"/> -WALK

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, Running Time LLC, 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 (required)_____ DATE_____

Parent Signature required for all entries age under 18