



LITTLE SISTERS OF THE POOR

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NUN RUN 5K RUN/WALK

SATURDAY, SEPTEMBER 14, 2013
185 SALEM CHURCH ROAD, NEWARK, DE

www.NunRun5K.ORG

NOTICE: NO BABY STROLLERS ARE ALLOWED IN THE RUN PORTION OF THIS EVENT. YOU MAY WALK WITH STROLLERS.

- Race Time:** 9:00 AM Start! **Registration opens at 7:30 AM.** ***RRCA State Championship 5K***
- Location:** Little Sisters of the Poor/Jeanne Jugan Residence, 185 Salem Church Rd., Newark, DE 19713
- Entry Fee:** \$20 pre-registration (\$18 ea for group of 3 or more) until September 12. \$25 day of event.
- Benefits:** The needy Elderly at Jeanne Jugan Residence .
- Course:** Wheel measured by Doug White. Out and back course, flat and fast.
- Amenities:** T-shirts guaranteed to all participants who are pre-registered by September 7.
Refreshments provided before and after; door prizes; goodie bags.
- Awards:** Trophies to 1st Place Male and Female runners and walkers plus Male & Female "Masters" runners; medals to Top 3 runners in 10 year age groups, 13 under to 70+.
- Entry Info:** See below or visit www.NunRun5k.org
- Contact:** Ray Christensen at 302-633-1482 or ray@attractweb.com or visit <http://www.NunRun5k.org>
- Mail Entry:** Little Sisters of the Poor, ATTN: Nun Run, 185 Salem Church Rd., Newark, DE 19713

Please make checks payable to Little Sisters of the Poor

Sleep In For the *Little Sisters of the Poor* Cause:
\$25.00 Donation (includes t-shirt)

Races2Run.com



NUN RUN 5K RUN/WALK

Bib # _____

PLEASE PRINT CLEARLY AND FILL OUT SEPARATE ENTRY FORM FOR EACH RACE PARTICIPANT

Name _____ Age (Race day) _____ Sex _____ Race entering Please check : 5K run _____ or 5K Walk _____

Address _____ City _____ ST _____ Zip _____ Day Phone _____

Email _____ Method of Payment: cash or check enclosed _____ Or

Master Card or Visa (Circle): Card # _____ Exp Date: _____ Amount _____

If different than above, Name & Address on Card _____

T-Shirt Size: (circle) S M L XL How I heard about NunRun: _____ Past race _____ Web _____ Flyer _____ Billboard _____ Other: _____

SIGNATURE & DATE INDICATES COMPLIANCE WITH ALL TERMS DESCRIBED ON THIS ENTRY FORM

Signature of participant _____ Date _____

In consideration of this entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive and release any and all rights I may have against the organization holding this event, its agents, representatives, successors, and assigns for any and all injuries suffered by me at said race.

NO REFUNDS - THE RACE DIRECTOR RESERVES THE RIGHT TO REJECT ANY ENTRY.