



LITTLE SISTERS OF THE POOR
NUN RUN 5K RUN/WALK

SATURDAY, SEPTEMBER 16, 2017
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.
- Location:** Little Sisters of the Poor/Jeanne Jugan Residence, 185 Salem Church Rd., Newark, DE 19713
- Entry Fee:** \$25 pre-registration (\$20 ea for group of 3 or more) until September 14. \$30 day of event.
- Benefits:** The needy Elderly at Jeanne Jugan Residence .
- Course:** USATF Certification #DE11009LMB - wheel measured, flat and fast.
- Amenities:** T-shirts guaranteed to all participants who are pre-registered by September 6.
Refreshments, DJ music, door prizes, goodie bags & more!
- Awards:** Trophies to 1st Place Male and Female runners and walkers plus Male & Female "Masters" runners; medals to Top 3 runners in 5 year age groups, 13 under to 70+
- Entry Info:** See below or visit www.NunRun.org for online registration.
- 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)

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 _____ Payment Method: check enclosed ___ [or card below] \$25 entry + ___ addl donation =
 Master Card or Visa (Circle): Card # _____ Exp Date: _____ Total 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 ___ Parish ___ 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.