



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age (10/23/10): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_

Add me to your e-mail list \_\_\_Yes \_\_\_No

Emergency Contact Phone: \_\_\_\_\_

Packet Pickup Location: October 19-21, 2010

\_\_\_Run-On! Coppell \_\_\_Run-On! Richardson \_\_\_Race Day

Please check which race you will run (only one):

\_\_\_ 5K  
\_\_\_ Kids K

Shirt Size:

\_\_\_S \_\_\_M  
\_\_\_L \_\_\_XL  
\_\_\_XXL

\*Requested shirt sizes available while supplies last

Entry Fees: No Refunds

\_\_\_\$20 Postmarked by October 12<sup>th</sup>

\_\_\_\$25 Race Day

\_\_\_\$5 Kids K (12yrs and younger)

Mail this form to: Racing Systems

Sudan Footrace

4950 Keller Springs , Suite 340

Addison, TX 75001

Make Checks Payable to e3 Partners Ministry

**Waiver:** Entry invalid if not signed. In consideration of the acceptance of this registration entry, I the undersigned assume full and complete responsibility for any injury or accident, which may occur during my participation in the event or while I am on the premises of the event. I hereby release and hold harmless The Sudan Footrace 5K, the sponsors, promoters and all other persons and entities associated with the event or their agents or employees or otherwise. I will not enter and participate unless medically able and properly trained. I also know that although police protection will be provided, there may be traffic on the course route. I assume the risk associated with this event, including but not limited to falls, contact with other participants, the effects of weather, and the conditions of the road. Fees are non-refundable. T-shirt size is not guaranteed. I have read the foregoing and certify my agreement by this signature, and my parent's or guardian's if under age 18.

Signature \_\_\_\_\_

Date \_\_\_\_\_