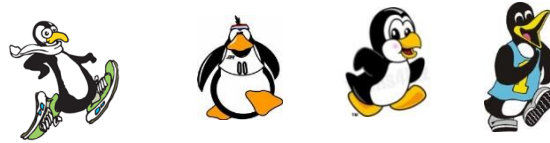


St. Francis De Sales Catholic School



Penguin Run- 5K and Kids Dash

500 Camden Ave., Salisbury, MD 21801



Saturday, May 12th, 2018

Time	Event	Fee
8:20	Blessing of the Runners and National Anthem	
8:30	Kids Dash	\$5 Advance/\$10 Day of
9:00	5K Walk/Run	\$25 Advance/\$30 Day of
9:00-1	Boy Scouts of America Troop 185 BBQ Chicken	\$8
9:30-11	Excellent Family Friendly Post-Race Party!	

Packet Pick-up: Friday, May 11, 3-6 p.m.

Packet Pick-up Race Day: Saturday, May 12, 7:30-8:15 a.m.

All 5K and Kids Dash participants will receive a race shirt if they PRE-REGISTER by May 9.

A special treat will be given to Kids Dash finishers.

Awards will be given to the overall 5K Male and Female Finishers.

Awards will be given to the Top 3 5K Male and Female Finishers in each age group.



Register by credit card online <http://www.active.com> search Penguin Run
Or print form at <http://stfrancisdesales.net/> with a check to St. Francis de Sales

St. Francis De Sales Catholic School



Penguin Run- 5K and Kids Dash

Saturday, May 12th, 2018

500 Camden Ave., Salisbury, MD 21801

Blessing of the Runners begins at 8:20 am



Registration Form

Register by credit card online at <http://www.active.com> or

Send this completed form with check to: St. Francis de Sales Catholic School
500 Camden Ave
Salisbury, MD 21801

Name: _____

Phone: _____

E-Mail: _____

Team Name (optional): _____

Gender: ☐ Female ☐ Male Date of Birth: ____/____/____

Age Group: ☐ U10 ☐ 10-14 ☐ 15-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+

T-shirt size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ A2XL

Event: ☐ Kids Dash \$5 ☐ 5K \$25 ☐ Both \$25 ☐ Optional Donation \$_____ TOTAL \$_____

Child Guardian Signature: _____

Adult Signature: _____

In consideration of your acceptance of this entry I HEREBY for myself, my heirs, my executors, and administrators, waive any and all rights and claims for damages I may have against TCR Event Management, Wicomico County, The City of Salisbury, St. Francis de Sales, race directors, volunteers and the sponsors, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest that I am physically fit and able to complete this event. I hereby consent to receive and pay for treatment in the event of my injuries as a result of any accident and/or illness during the event, and will be liable to reimburse the cost of any treatment.