

# Bubba's Fight For Burns



**Shriners Hospitals**  
for Children®

## 5K/10K Run/Walk

ALL PROCEED WILL GO TO THE SHRINER'S BURN UNIT

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**Date:** Saturday, May 30th, 2015

**Time:** 8:00 A.M. (Same day registration open 7:00-7:30 A.M.)

**Location:** Clever Elemiddle School, 401 W Inman Clever, MO 65631

**Cost:** Pre-Registration=\$20.00

On-Site Registration=\$25.00

**Registration Forms:** Send to **Highlighted Address**

**Awards:** 5K-Trophies for Over All M&F, Top Masters M&F

Age groups for 1<sup>st</sup>-3<sup>rd</sup>: 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+.

10K- Top 3 Overall

**Shirts:** All Participants are guaranteed a shirt if registered by the deadline of May 19<sup>th</sup>. Extra shirts will be ordered and given on a first come, first serve basis.

**Additional information:** We will have booths set up inside with lots of goodies and treats. Snacks will be provided around for runners.

**Contact:** Chasity Nelson, Coordinator at 620-212-6927 or  
[bubbafightforburns@gmail.com](mailto:bubbafightforburns@gmail.com)

**5307 St. Highway 14 W Clever, MO 65631**

**Chip timing provided by Act Now Promotions.**

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ENTRY FORMS/MONEY

MAIL TO

Bubba's Fight For Burns

(w/checks payable to Bubba's Fight for Burns)

5307 St. Hwy 14 W

Clever, Mo 65631

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL \_\_\_\_\_ MALE\_\_\_ FEMALE\_\_\_ SHIRT SIZE \_\_\_\_\_

Waiver: I know that entering a road race is a potentially hazardous activity. I know that I should not enter a race unless I am medically able and properly trained. Knowing these things I, herby for myself and my heirs, waive any and all rights for claims in this race in event of injury. I also release and hold harmless any and all sponsors or organizers of this event. I will do my best to follow the coarse and not be offensive to others in this event. All participants agree to hold harmless Abou Ben Adhem Shriners and Shriners Hospitals for Children against any and all claims.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_