

Bubba's Fight For Burns



Shriners Hospitals
for Children®

5K/10K Run/Walk

ALL PROCEED WILL GO TO THE SHRINER'S BURN UNIT

Date: Saturday, May 27th, 2017

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- Overall Male & Overall Female

The top 3 in each age division, both male & female. 12 & Under, 13-19, 20-29, 30-39, 40-49, 50-59. 60 & Over

10K- Overall Male & Overall Female

The top 3 in each age division, both male & female. 25 & Under, 26-49, 50 & Over

Shirts: All Participants are guaranteed a shirt if registered by the deadline of May 12th, 2017. Extra shirts will be ordered and given on a first come, first serve basis.

Additional information: Snacks will be provided around for runners.

Contact: Chasity Nelson, Coordinator at 620-212-6927 or bubbasfightforburns@gmail.com, or Carma Robinson @ 417-234-4718

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 _____

Check One	<input checked="" type="checkbox"/>
5K Run/Walk	<input type="checkbox"/>
10K Run/Walk	<input type="checkbox"/>

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: _____