



**Professional
Chip
Timing!**

**Early
Registration
Prior to
3/20/12**

April 14, 2012
Potawatomi Park, South Bend
5K Run/Walk 9:00 am
1 Mile Fun Run 9:10 am

Name (Last, First): _____

Age: _____ Sex: M / F Race: 5KRun 5KWalk Fun Run (circle one)
 T-Shirt Size: YM YL AS AM AL AXL AXXL

Name (Last, First): _____

Age: _____ Sex: M / F Race: 5KRun 5KWalk Fun Run (circle one)
 T-Shirt Size: YM YL AS AM AL AXL AXXL

Name (Last, First): _____

Age: _____ Sex: M / F Race: 5KRun 5KWalk Fun Run (circle one)
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Name (Last, First): _____

Age: _____ Sex: M / F Race: 5KRun 5KWalk Fun Run (circle one)
 T-Shirt Size: YM YL AS AM AL AXL AXXL

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

<p>5K Run/Walk Adult (12 & Over) Per Person: \$20 x ____ = ____ Child (under 12) Per Person: \$15 x ____ = ____ 1 Mile Fun Run: Per Person: \$10 x ____ = ____ Total Registration Fee: \$ _____ Charitable Donation: \$ _____ Total Enclosed: \$ _____</p> <ul style="list-style-type: none"> • Make all checks payable to St. Anthony HASA. • Submit to: 2310 E. Jefferson Blvd., South Bend, IN 46615 	<ul style="list-style-type: none"> • Early Registration Includes 1 T-Shirt per person • Registrations after 3/20/12 are an <u>additional \$5 per person</u> and will receive a T-shirt while available • All Proceeds benefit Tuition Assistance NO REFUNDS
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School Class Credit (may be split): Teacher/Grade _____

Online Registration and additional information available at www.stanthonysb.org/new/run.htm

Waiver: I/We hereby, for myself, my heirs and executors, waive, release, discharge and agree to hold St. Anthony de Padua Church and School, South Bend Parks Department, and the other sponsors/contributors of the Run Panther Run Race individually and collectively, together with their successors, assigns, officers, agents and employees, free and harmless from any and all liability for injuries to property or person suffered by us in connection with our participation in this event. I/We verify that we are physically fit and have sufficiently trained for the physical rigors of the events for which I/We have registered. This race will be times using a "chip" timing device provided by the race and T&H Timing. I/We understand it needs to be returned after the race. I/We agree to pay a \$25.00 replacement fee per chip for any unreturned chips.

Signature: _____

Date: _____

Parent/Guardian (if under 18) _____

Date: _____