



2011
5k Run/Walk
Sunday, September 25



1:00 P.M.
Start / Finish at St. Jude Oktoberfest
St. Jude Church
5924 Bridgetown Road
Cincinnati, OH



Visit our website,
SophiesAngelRun.org

Benefits Brain Tumor Research at Cincinnati Children's Hospital Medical Center & Sophie Meinhardt Memorial Scholarships.

Pre-Registration (by Mail) by September 16:

Individuals: \$20.00, includes T-shirt & Goody Bag
Family Plan: \$60.00, includes T-shirts & Goody Bags

Race Day Registration ~10:30am-12:45pm:

\$25.00, includes T-shirt & Goody Bag (*while supplies last, Limited Quantities*)

PACKET PICK UP - St. Jude Oktoberfest in Sophie's Angel Run Booth
Saturday - September 24, 2011, 4:30-9:00 p.m. or Sunday - September 25, 2011, 10:30am-12:45pm

Awards: Awards to top Male and Female Runners Overall

Race Divisions - Awards to top 3 Male and Female Finishers:

Stroller, 14/under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70/over.

REGISTER ONLINE @ www.SophiesAngelRun.org by SEPTEMBER 18, 2011
or fill out & mail Registration Forms (mail in Registration Forms must be received by September 16th)

NAME _____ AGE (as of date of race) _____

ADDRESS _____ City, State, Zip _____

PHONE No. _____ E-MAIL _____

SEX(Circle) M F

WALKER___ RUNNER___

Shirt Size (Circle) Y-S Y-M Y-L A-S A-M A-L A-XL A-XXL A-XXXL

For Family Plan, use multiple forms or Register Online @ www.SophiesAngelRun.org

I would like to make an Extra Donation of: \$ _____

WAIVER (MUST BE SIGNED) In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do release, discharge, and hold harmless the Sophie's Angel Run, Green Township, St. Jude Parish, their representatives, officials, volunteers, members, and sponsors, from any and all claims, damages, demands, or causes of action whatsoever in any manner directly or indirectly arising out of or related to my participation in said athletic event; I am physically fit and have sufficiently trained to participate in this event. By signing below I give permission without compensation to Green Township, and any other municipalities, as well as to St. Jude Parish to use my likeness in photographs for purposes of promoting the Sophie's Angel Run 5K. I agree to abide by all the rules of participation and acknowledge that the race committee may refuse or return any entry at its discretion.

Participant's Signature _____ Date _____

Parent's Signature (for a minor less than 18 years of age) _____

In case of emergency contact _____ Phone No. _____

Make Checks payable to: Sophie's Angel Run, Inc. and MAIL TO: 6513 Greenoak Drive, Cincinnati, OH 45248