

PRESENTED BY LIVING WORD CHURCH



"WE RUN FOR LIFE"

RUNBABYRUN

5K RUN/WALK

ALL PROCEEDS FOR PREGNANCY RESOURCE CENTER

DATE: 11/09/13

TIME: 9:00AM

AWARDS

ALL PROCEEDS OF THIS EVENT BENEFIT THE PREGNANCY RESOURCE CENTER OF PANAMA CITY

ENTRY FEE:

\$25.00 UP TO THE DAY BEFORE THE EVENT
\$30.00 ON THE DAY OF THE EVENT

WHERE:

SHARON SHEFFIELD PARK
LYNN HAVEN, FL 32444

T-SHIRTS:

*T-SHIRTS GUARANTEED FOR ALL WHO
REGISTER BEFORE OCTOBER 14, 2013

CANCELLATIONS:

NO REFUNDS AND
NO RAIN CHECKS

RACE DAY:

RACE DAY REGISTRATION AND PACKET
PICK-UP ARE AT SHARON SHEFFIELD PARK
FROM 7:45AM – 8:45AM AND THE RACE
BEGINS AT 9:00AM.

MAIL IN ENTRY FORM:

LIVING WORD CHURCH
ATTN: RUN BABY RUN
500 EAST 19TH STREET
PANAMA CITY, FL 32405

PRIZES:

OVERALL MALE & FEMALE (1ST, 2ND, 3RD)
39 AND UNDER (1ST, 2ND, 3RD)
39 AND OVER (1ST, 2ND, 3RD)
14 AND UNDER (1ST, 2ND, 3RD)

AGE GROUP AWARDS:

14 & UNDER, 15-24, 25-34,
35-44, 45-54, 55-64, 65-74
75 AND UP.

FOR MORE INFORMATION CONTACT:

JASON WHITE: 850.819.9225 OR VISIT WWW.LIVINGWORD.COM

NAME: _____ SEX: ___M ___F DOB _____

ADDRESS: _____ AGE ON RACE DAY: _____

SHIRT SIZE _____ 5K ___ WALK ___ RUN

PHONE #: _____ *if 2X or larger please add \$2.00 to entry

In consideration of this entry, I the undersigned, intending to be legally bound hereby, for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against LIVING WORD CHURCH, RUN BABY RUN organizers, or any representative of these organizations, or their successors and assigns for any and/or all injuries suffered by me in this event. I attest that I am physically fit and have trained sufficiently for the completion of this event.

Signature: _____ Date: _____