



**10<sup>TH</sup> ANNUAL**

**5k Run/Walk**

**Sunday, September 25, 2016**

1:00 P.M.

Start / Finish at St. Jude Oktoberfest

St. Jude Church

5924 Bridgetown Road

Cincinnati, OH



Connect with us!

**Chip Timing!**

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

Family Plan: \$65.00, includes T-shirts

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

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

**PACKET PICK UP - St. Jude Oktoberfest in Sophie's Angel Run Booth**  
 Saturday - September 24, 2016, 4:30-9:00 p.m. or Sunday - September 25, 2016, 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 @ [SophiesAngelRun.org](http://SophiesAngelRun.org) by SEPTEMBER 18, 2016**  
*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 @ [SophiesAngelRun.org](http://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**