

Name \_\_\_\_\_ Age (day of race) \_\_\_\_\_ Sex \_\_\_\_\_ CIRCLE ONE: 5K 1M

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

\$35 registration includes a t-shirt mailed to you. We cannot guarantee t-shirts after August 1.

T-shirt preference (circle one) **Adult:** S M L XL XXL **Youth:** M L

Method of Payment      Check (payable to the Little Sisters of the Poor)  
Credit card (pay by credit card - 410.744.9367 ext 647, Kate)



**Return form and check to:**  
Little Sisters of the Poor  
Nun Run  
601 Maiden Choice Lane  
Catonsville, MD 21228  
or register at [www.charmcityrun.com](http://www.charmcityrun.com)

Indicate if applicable: **Name of school** \_\_\_\_\_ **Name of Parish** \_\_\_\_\_

In consideration of this entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive and release any and all rights I may have against the organization holding this event, its agents, representatives, successors, and assigns for any and all injuries suffered by me at said race. I permit and authorize the free use of my image and picture in websites, broadcast, telecasts and the press as it pertains to this event. Signature and date indicates compliance with all terms described on this entry form.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_