

SULLY SHUFFLE REGISTRATION FORM

Participant Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Please indicate how many participants for each event

Mini Shuffle – (For children 2-10 years old)	(_____) x \$12 (after Sept 1 = \$15) = _____
Sully Shuffle Memorial Run/Walk – 5k run or shorter walk (no chip timing or awards this year)	(_____) x \$25 (after Sept 1 = \$30) = _____
Post Party Only (at Homestead Barr)	(_____) x \$25 (after Sept 1 = \$30) = _____
Memorial Run/Walk & Post Party	(_____) x \$45 (after Sept 1 = \$50) = _____
Donation	
Total Amount Enclosed	

Please indicate number per T-shirts (one t-shirt per run/walk participant):

Youth:()2T, ()3T, ()4T, ()YS, ()YM, ()YL

Adult:()S, ()M, ()L, ()XL, ()2XL, ()3XL

*Make checks payable to Sully Shuffle Foundation.

Please send completed form and registration fees to:

Sully Shuffle Foundation

P.O. Box 113

Worth, IL 60482