

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 – 5k run (chip timing) (_____) x \$30 (after Sept 1 = \$35) = _____

Sully Shuffle – 3k walk (_____) x \$25 (after Sept 1 = \$30) = _____

Post Party Only (at Homestead Barr) (_____) x \$25 (after Sept 1 = \$30) = _____

5k run & Post Party (_____) x \$50 (after Sept 1 = \$55) = _____

3k 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

Please list the name, age and gender of each RUNNER (needed for chip timing)

****Staff will fill in Bib #, please leave blank**

Name	Gender	Age

***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