



LOVE  S GLOW
FOR KIDS
5K Run/Fun Walk,
Sept 22, 2018

All Proceeds Benefit
Batson Children'S
Hospital Jackson,
MS

Entry Fee: \$20 Preregistration or \$25
day of event

LOCATION:
Bonita Lakes Park
STARTS AT 6pm

Name _____ Phone: _____

Address: _____ City/St: _____ Zip: _____

Email: _____ Male: _____ Female: _____

Age Category (Circle One): 12-Under 13-19 20-29 30-39 40-49 50-59 60+

An award will be given for each age category for Walkers/Runner and
for Over all 1st 2nd and 3rd Place Male & Female Runners.

Shirt Size: (Circle One) Adult S AM L XL XXL XXXL

(Must be received by 9/14/18 for sizes for specific shirts sizes)

Category: (Circle One) Runner Walker Distance: 1Mile 5K

All children must be accompanied by an adult. In consideration of the entry being accepted, I hereby
for myself, heirs, executors, and/or any other sponsors involved in the Love'S 5k Glow Run/Walk. I
certify that I am physically able to participate in the event.

Signature: _____ Date: _____

(Parent or Guardian Signature if Participant is age 18 and under)

Office Use::

Check#: _____ Amount: _____ Date/time received: _____/_____/_____

Make all Checks payable to: Loves'S /CMN Hospitals

Send checks and application to : Loves Travel Stop 6609 Lake-Norris Rd Lake, MS 39092