

Run/walk will start at St. Boniface Catholic Church April 22, 2017 9:00 a.m. 501 Main Street Cold Spring, MN All proceeds will be donated to the Brain & Behavior Research Foundation There will be a silent auction and bake sale.

7:30 a.m. - Registration & packet pick up 9:00 a.m. - Run/Walk Start 10:00 Silent auction closes 10:05 a.m. - Penguin Trot kids run

	oril 1st (Please note three different color ED TO BE ELIGIBLE FOR DOOR PRIZES	/price options for 2.2 mile run/walk	x):
2.2 mile run/walk - \$2	15 – white t-shirt Size: YL YXL S M L	XL XXL XXXL	
☐ 2.2 mile run/walk - \$2	20 – hot pink t-shirt Size: YL YXL S M	I L XL XXL XXXL	
☐ 2.2 mile run/walk - \$2	20 – lime green t-shirt Size: YL YXL S	M L XL XXL XXXL	
.4 mile Penguin Trot -	\$10 – white t-shirt Size: YXS YS YM	YL YXL S M	
Registration fees postmarked after Apr	il 1st (t-shirts not guaranteed – white sl	hirts only):	
	\$20 Size: YL YXL S M L XL XXL XXXL -\$13 Size: YXS YS YM YL YXL S M		
	d have included an additional donation of 00 earn a free sweatshirt — sweatshirt m		
☐ I am unable to attend, but have end	closed a donation of \$		
ADDITIONAL ITEMS – MUST BE ORDER	ED BY APRIL 1ST		
Sweatshirts - this is an add-on item	ı, it does NOT include registration		
☐ \$25 or ☐ free with addit	cional \$100 donation – S M L XL XXL X	(XXL Color: Black or Lime Green	or Hot Pink
☐ Sign along the route in memory/ho	onor of my loved one - \$10		
may send photos. You may als Document. All signs that we h	vant on the sign and any other informat so email a design to kcrobbins68@gmail ave from previous years are stored and be a limit of 10 per person – the most re	l.com. Required specs: 8 ½ x 14 size will be put back out each year. Due	e, landscape, PDF or Word e to the large number of
Total enclosed: \$			
the Let the Sun Shine Run, all event sponsors and participation in the event. I further hereby certify however, as a result of my participation, I require also grant permission to the Let the Sun Shine Ru	on risk, I am participating in the Let the Sun Shine of any volunteer or officials of these organizations of that I have full knowledge of the risks involved in the medical attention, I hereby give consent to author and other associated organizations to use my not ithout obligation or liability to me. I understand the	from any claim of injury (including death) than In this event, and I am physically fit and suffici Orize medical personnel to provide such mecame and any photographs or any other reco	at I may incur as a result of my ently trained to participate. If, lical care as deemed necessary. I
	dian if under 18:		
	City		Zip
Phone number	Email address		

Make checks payable and mail registration to the: Let the Sun Shine Run - 335 11th Avenue South - Cold Spring, MN 56320

www.letthesunshinerun.com