5th Annual

5K RUN/WALK FOR FATHER FRANK’S KIDS

Charity Run to Benefit St. Peter’s School, Kajuki, Kenya

July/August

HERMOSA STRAND – START AT 2nd St.

How this works is that we raise money by each participant getting at least 100.00 in sponsorships. Ask, mom, dad, aunt, uncle, coach….if each give 20 that’s 100.00! More is always better if you can!

***Our goal is for*** ***each participant*** ***to raise*** ***$100 in donations to benefit St. Peter’s school***. 100% of donations will go directly to Saint Peters. $20 Entry Fee per participant includes T-shirt and after race Donuts!

Entry fee due by May 27th if you want to get a T- Shirt before the run. Registration, Sponsor sheet and donations due anytime up to the run.

Participation will be limited to the first 40 entrants.

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size Circle one Child M Child L Adult M Adult LG

Please include $20.00 payable to St. James Church. Write Fr. Franklin’s 5K in memo line. Or use pay pal.

"In consideration of this entry application, I waive all claim for myself, my heirs and estate against any and all race officials, organizers (Sam & Lana Troyer & Troyer Family), sponsors, City of Hermosa Beach, St. James Catholic Church and benefactor Saint Peters Church for any injuries or illness resulting from my participation in this race. I understand this waiver applies to any injury that I may suffer under any circumstance. I understand that bicycles, skateboards, roller skates, blades or animals are not allowed in this race.  
  
I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.” I give SLT Charity permission to use my image.

Participants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give to Sam or Lana or mail to

1250 E. 223rd. Ste 101

Carson, CA 90745

Or email to [lisaalpi@hotmail.com](mailto:lisaalpi@hotmail.com) and use our pay pal button to pay for registration fee, and or donation.