



Start/Finish at North Jefferson City Pavilion
927 Fourth St, Jefferson City, MO 65101

Registration - 8:00 a.m. | Start - 9:00 a.m.
Costume Contest Winners Announced at 10:15 a.m.

October 26, 2019 Walk/Run 5K

Refreshments: Food and Water will be available before, during and after the 5K.

Goodie Bags for all participants.

Please leave the pets at home.

Registration with guaranteed t-shirt must be turned in by October 11th.

Register online at thesneakerproject.org or
Mail with check to: The Sneaker Project | 510 Broadway - Jefferson City, 65101

Pay by Credit/Debit Card: Card # _____ Amount: \$ _____
Expiration Date: _____ CVV: _____ Billing Zip Code: _____

About The Sneaker Project

The Sneaker Project serves Cole, Osage, Miller and Moniteau Counties, in an effort to provide footwear to central Missouri youth who meet the financial eligibility requirements. The Sneaker Project focuses primarily on the students who qualify for the free and reduced lunch program. Just in Jefferson City alone there are over 5,000 kids qualifying for our program. \$30.00 provides a child in need with a new pair of shoes, which could be up to twice a year.

Waiver must be signed by all participants at registration.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against The Sneaker Project and The United Way of Central Missouri or any affiliated individuals, any race sponsor and their agents and employees, and all other persons or entities associated with this event from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contacts with participants, conditions of the course, negligence of the sponsors or otherwise. If I do not follow the rules of the event, I understand that I may be removed from participation.

Office Use:

Date Received: _____

Payment: _____

Amount: _____



The Sneaker Project

thesneakerproject.org





Group Registration Form

Individual (1) - \$25 2 Pack - \$45 3 Pack - \$60 4 Pack - \$70 5 Pack - \$80 6 Pack - \$90

Individual Runner/Group Captain

Name: _____ DOB: ___/___/___ Age on Race Day: ____ Walker Runner

Email Address: _____ Phone #: _____ Method of Payment: _____

T-Shirt size: Adult S M L XL XXL (add \$1)

Group Members

Name: _____ DOB: ___/___/___ Age on Race Day: ____ Walker Runner

T-Shirt size: Adult S M L XL XXL (add \$1)

Name: _____ DOB: ___/___/___ Age on Race Day: ____ Walker Runner

T-Shirt size: Adult S M L XL XXL (add \$1)

Name: _____ DOB: ___/___/___ Age on Race Day: ____ Walker Runner

T-Shirt size: Adult S M L XL XXL (add \$1)

Name: _____ DOB: ___/___/___ Age on Race Day: ____ Walker Runner

T-Shirt size: Adult S M L XL XXL (add \$1)

Name: _____ DOB: ___/___/___ Age on Race Day: ____ Walker Runner

T-Shirt size: Adult S M L XL XXL (add \$1)

(Long sleeve t-shirt with haunted design.)