

Waves & Wishes 2009 Entry Form



Event Details

What: 5K Run/Walk with proceeds benefiting the Make-A-Wish Foundation® of South Carolina
When: Saturday, September 26th, 2009
Where: Start & Finish by the Edwin S. Taylor Fishing Pier on Folly Beach
Course: USATF certified 5K (#SC08024BS) - flat & fast roads through beautiful Folly Beach

Race Day Schedule

6:45-7:45 a.m. – Late Registration and Packet Pickup
8:00 a.m. – Race Start

Post-Race Party hosted by Locklear's on the Folly Beach Fishing Pier with fabulous food and drinks. Awards will be presented to the Top 3 overall M/F and Top 3 M/F age groups. Don't miss it!

Registration Fee (Run and Walk)

Early Discount – \$30.00 through 9/13/09, includes t-shirt
Late – \$35.00 after 9/13/09, includes t-shirt while supplies last
Children (ages 13 & under): Early Discount - \$20.00 Late - \$25.00
Sorry, registration fees are nonrefundable. ----- Register online at www.wavesandwishes.org

Race Packets

Early packet pick-up: Friday, September 25th from 6:00 - 8:00 p.m. at Zaxby's on Folly Road
Race day packet pick-up will be from 6:45 – 7:45 a.m.

Race Information

Contact: Allison Wilder, Race Director (843) 853-7880 or visit www.wavesandwishes.org
3520 Meeks Farm Road, Suite C Johns Island, SC 29455

Pay & Send to Make-A-Wish Foundation - c/o Waves & Wishes 5K - 3520 Meeks Farm Rd. Suite C, Johns Island, SC 29455
ALL BLANKS **MUST BE COMPLETED** IN ORDER TO PROCESS YOUR REGISTRATION - **PLEASE PRINT CLEARLY**

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ M/ F (circle one) SHIRT SIZE (circle one) CS CM S M L XL
child sizes adult sizes

AGE on 9/26/09: _____ Total Enclosed: \$ _____

Liability Waiver: Upon Acceptance of my own entry I, for myself, my heirs & assigns, hereby release the Make-A-Wish Foundation, Charleston County Park & Recreation Commission, the Town of Folly Beach, Coastal Timing, and any and all sponsors & officials of this event from any & all liability arising from illness, injury, or death I may suffer as a result of participation in this event. I attest that I am physically fit & have sufficiently trained for this event & I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of this event would be injurious to my health, I consent to be removed and treated by a physician in attendance of his/her direction. I give permission for free use of my name and picture in any broadcast, telecast, or written account of this event. I also understand that the entry fee is **NONREFUNDABLE FOR ANY REASON**.

Signature _____ Date _____ Guardian (if under 18) _____