

**SEPTEMBER 22, 2018**

*36<sup>TH</sup> Annual*

**MULLINS LIONS "RUN FOR SIGHT"**

Certification #SC13462DW

LOCATION: Mullins City Recreation Gym, Corner of North Park & Academy Streets

EVENT: 5K (COURSE IS OUT AND BACK, ASPHALT, FLAT AND FAST)

TIME: RACE & WALK START AT 8:00 A.M.

REGISTRATION FEE: See Registration Form below. Please pre-register  
There will be a \$5.00 late fee after September 17, 2018  
DISCOUNTS ARE AVAILABLE FOR FAMILY AND TEAM GROUPS

AWARDS: 5k Race Awards OVERALL 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> FEMALE & MALE  
Award to 1<sup>st</sup> Place MASTER Female and Male  
Award to 1<sup>st</sup> Place GRANDMASTER Female and Male  
Award to 1<sup>st</sup> place SENIOR GRANDMASTER Female and Male

AGE GROUPS: THREE DEEP: 13 & Under, 14-17, 18-24, 25-29, 30-34, 35-39, 40-44  
45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+  
(Overall winners are not eligible for age group awards)

WALKERS AWARDS: T-shirt, finisher's medal, free Sub, eligible to win a door prize.

ACOMODATIONS: EMS on duty, Restrooms available at the gym.  
Plenty of parking at the start. NO HEAD PHONES PLEASE

PRIZES: DOOR PRIZES DURING AWARDS CEREMONY (must be present to win)  
Coupon for free SUBWAY SUB to each participant.

FOR MORE INFORMATION CALL: (843) 464-8324 or Email: [fgmddsrn@bellsouth.net](mailto:fgmddsrn@bellsouth.net)

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**REGISTRATION FORM**

RUNNER (\$25) \_\_\_\_\_ WALKER (\$20) \_\_\_\_\_ FAMILY OR TEAM (\*\*\*) \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size (Check ONE) Small \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ XLarge \_\_\_\_\_ 2XL \_\_\_\_\_

Limited number of T-Shirts T-SHIRTS GUARANTEED TO THE FIRST 100

MAIL CHECK TO: Mullins Lions Club, P.O. Box 42, Mullins, SC 29574 \$ \_\_\_\_\_ Amount

Release: I hereby release all sponsors and promoters of this event from any and all liability. I hereby certify that I am in proper physical condition for the distance indicated on this form.

Signed: \_\_\_\_\_ or \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Parent (if under 18)

\*\*\* Family and Team discounts available upon request. CALL 843-464-8324