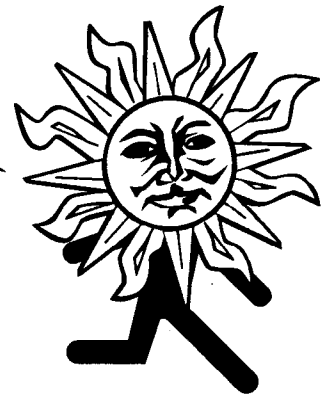


2017 SUN KING SPOOKTACULAR

**5K
RUN &
WALK**



**1 MILE
BOO!
RUN**



TITLE SPONSORS

**Saturday, Oct. 21, 2017, 8:00am, Benefitting
Habitat for Humanity, Mississippi Capital Area
at St. James' Episcopal Church, Jackson, MS**



RACE

8:00am: 5K Spooktacular Run & Walk
8:50am: 1 Mile Boo! Run
Start and finish at St. James' Episcopal Church
3921 Oak Ridge Drive, Jackson, MS 39216 (Fondren)

AWARDS

Overall, 1st, 2nd & 3rd place awards for all age groups.
Spooktacular door prizes and post-race prizes for the best costumes.

PACKET PICK UP

Packets can be picked up Friday, October 20 from 12-6pm
at St. James' Church, or race day from 6.30am at St James'.
Payments must be cash or check on Friday and Saturday.

GHOST RUNNER REGISTRATION

All of the swag, none of the sweat. \$15 pre-race registration only.

REGISTRATION / ENTRY FEES

Register online at www.sunking5k.racesonline.com.
For more information, please refer to our Facebook page at
www.facebook.com/Sunking5k.

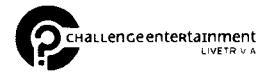
All registration forms/fees sent by mail must be postmarked by
October 16, 2017. Registration fees are non-refundable.

5K Run/Walk: \$20 pre-registration fee / \$25 on race day.
1 Mile Fun Run: \$15 pre-registration fee / \$20 on race day.
\$60 maximum registration fee per immediate family.
For group discounts (10 or more), please contact Lea Ann
Simmons at 601-259-9522 or leaann@laurelfuel.com.

POST-RACE TREATS/ACTIVITIES

Haunted healthy breakfast treats, face painting and other kid-
friendly activities in a festive, carnival-like atmosphere.

SPONSORS



David and Susan
Martin

Maury and Lauren
Breazeale

John and Iris
Isaacs

Tommy and Mary
Scott Shepherd

Thad Hopper and Larry Allen
in memory of Cheryl Payne

I WISH TO ENTER: 5K Run 5K Walk 1-Mile Fun Run (ages 1-12) Ghost Runner

Please make checks payable to St. James' Episcopal Church and mail with this registration form to:
Sun King 5K Race Director, 3921 Oak Ridge Dr., Jackson, MS 39216

Name: _____ Birthday: _____ Phone No: _____ Email: _____

Gender: _____ Address: _____ City: _____ State: _____ Zip: _____

Adult Balega sock size: (please circle your choice)	Women: Small 6-8 Men: Med. 7-9	Med. 8.5-10.5 Large 9.5-11.5	Large 11-13 XLarge 13.5-15.5	Youth T-shirt size: (circle): S M L
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GENERAL RELEASE AND WAIVER: In consideration of this entry acceptance, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims of damages I may have against the sponsoring parties or any individuals associated with this race for any and all loss, injuries or death, sustained by me in this event. I attest that I am physically fit and have sufficiently trained for competition of this race. I furthermore irrevocably consent to the use of photographs or motion imagery of which I am a part. I agree that my participation in the above is voluntary and that I am to receive no financial compensation for my participation.

Signature of Runner/Walker (or Parent if under the age of 18): _____ Date: _____