

- T-shirt to all participants (pre-registration)
- Online Registration



- Phone: 765-935-4291
- Email: sunriseinc1980@gmail.com

Therapeutic Riding Center

SUNRISE'S 5K RUN / WALK AT THE NEW LOCATION!

NOVEMBER 3RD 2012 • 9:00AM • MINNEMAN RD. RICHMOND

Proceeds of 5K support the expansion 104 acre new location and new facility being built to expand our services.

Race Information	Registration Information	Sunrise Information
<p>Race Details:</p> <ul style="list-style-type: none"> • Registration begins at 7:45am • Run starts at 9:00am • Walk begins at 9:15am <p>About the course</p> <ul style="list-style-type: none"> • 3.1 mile run through the trails of our new location <p>Awards</p> <ul style="list-style-type: none"> • Top Male & Female overall • Top finishers in standard age groups • Post-race entertainment <p>Race held rain or shine!</p>	<p>Register for 5K by mail, online or on race day</p> <p>Mail completed forms to: Sunrise Inc. 2670 Minneman Rd. Richmond, IN 47374</p> <p>5K Run</p> <ul style="list-style-type: none"> • Pre-registration (before Oct 19) \$20.00 includes T-shirt • Registration after Oct 19: \$20.00 (no T-shirt) <div style="background-color: black; color: white; padding: 5px; text-align: center;"> <p>Check www.sunriseinc.org for race information and updates or to register online!</p> </div>	<p>About Sunrise Inc.</p> <p>Sunrise, Inc is a not-for-profit corporation, established in Wayne County in 1980, whose purpose is to promote the health and social development of physically, mentally and socially disabled people through therapeutic horseback riding. Since 1980 we have helped thousands of individuals, using tailored programs for each individuals needs.</p>

Detach here

Name: _____ Email: _____ Date: _____

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

Date of Birth: _____ PH: _____ Cell PH: _____

T-shirt Information	Fees
Sex: M _____ F _____ T-Shirt Size (select one) S _____ M _____ L _____ XL _____	Entry Fee \$ _____ Donation \$ _____ Total Amount: \$ _____ <input type="checkbox"/> Check payable to Sunrise Inc. is enclosed <input type="checkbox"/> Please Charge: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc <input type="checkbox"/> AMEx

Card Number: _____ Expiration Date: _____

Name as listed on card _____

Signature: _____

Liability release: For myself and my executors and administrators, I/we hereby release Sunrise, any event sponsors and any event volunteers and each of their respective officers, employees, successors and assigns from any and all claims and damages arising out of any injury condition that I/we may suffer as a results of participating in this event. Further, I/we hereby grant full permission to any and all of the foregoing to use my/our photograph or any other record of the event for legitimate purposes.

Signature: _____ Date: _____