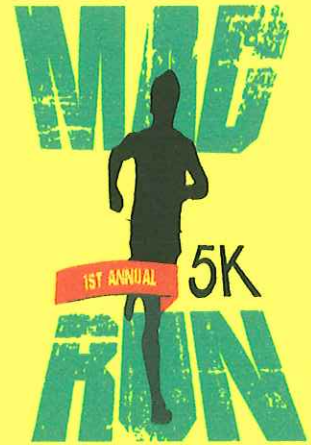




M.A.D. 5K RUN

Saturday, October 3 @ 9am

Enjoy the Run and at the same time Make A Difference(MAD)in the lives of At-Risk Teenagers of Muskegon.



Name _____

Address _____

City _____ State _____ ZIP _____

Phone # _____

Age(on race day) _____ Date of Birth _____

T-Shirt Size Small Medium Large Xlarge XXLarge(Circle one)

Entry Fee: \$25

In consideration of the acceptance of my entry, I do hereby release and discharge any and all claims against M.A.D. Ministries Staff, Volunteers and officers for any and all claims of liability. I understand there are certain dangers associated with any such athletic event and I certify that I am physically able to complete in this event.

Signature of Applicant or Parent(if under 18)

Date _____

Make Checks payable to:
MAKE A DIFFERENCE MINISTRIES



Mail to:
Make A Difference Ministries
Attention Charles Connell
P.O. Box 5334
N. Muskegon, MI 49445

For more information contact Charles Connell
(231)215-5814
Charlesconnell87@gmail.com