



WHEN

October 24, 2015
9:00 am start

WHERE

Legacy Park
Cottleville, MO

Sign up online at www.itsyourrace.com
under "Zion Lutheran Bobcat Shuffle" or
mail in your registration form with your
check payable to Zion PTL:

Zion Lutheran School
Attn: Bobcat Shuffle
3866 S. Old Highway 94
St. Charles, MO 63304
(636) 441-7424
zionbobcatshuffle@gmail.com

**All Ages
Event!!**

RACE COURSES

**Timed 5K or
1+ mile fun
run/walk**

POST RACE PARTY

FOOD TRUCKS

Awards for Top 5K Finishers

Sleep-In Option

BENEFITING

Zion Lutheran School

REGISTRATION

Name: _____
Address: _____
City/State/Zip: _____
Email address: _____
Sex: M/F DOB: _____
Circle One: 5K 1 Mile Fun Run/Walk Sleep-In

T-shirt size: Unisex Adult S M L XL 2XL 3XL
Female Adult* XS S M L XL 2XL Youth XS S M L XL

ADDITIONAL REGISTRANTS

Name: _____
Sex: M/F DOB: _____
Circle One: 5K 1 Mile Fun Run/Walk Sleep-In

T-shirt size: Unisex Adult S M L XL 2XL 3XL
Female Adult* XS S M L XL 2XL Youth XS S M L XL

Name: _____
Sex: M/F DOB: _____
Circle One: 5K 1 Mile Fun Run/Walk Sleep-In

T-shirt size: Unisex Adult S M L XL 2XL 3XL
Female Adult* XS S M L XL 2XL Youth XS S M L XL

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Circle One: 5K 1 Mile Fun Run/Walk Sleep-In

T-shirt size: Unisex Adult S M L XL 2XL 3XL
Female Adult* XS S M L XL 2XL Youth XS S M L XL

Name: _____
Sex: M/F DOB: _____
Circle One: 5K 1 Mile Fun Run/Walk Sleep-In

T-shirt size: Unisex Adult S M L XL 2XL 3XL
Female Adult* XS S M L XL 2XL Youth XS S M L XL

*Female fit shirt runs almost a whole size smaller. You may want to order up at least an entire size.

Signature (or parent or guardian if under 18 years of age)

Entry Fees

Through September 16th

5K/1 Mile/Sleep-In

\$25 per person

\$20 per child 12 years or younger

September 17th to Race Day

5K/1 Mile/Sleep-In

\$30 per person

\$20 per child 12 years or younger

Checks Payable to: Zion PTL
Please complete the following:

Total Amount Due
(thru September 16th)

of Adults x \$25 = \$_____

of Youth x \$20 = \$_____

Total Due: \$_____

Total Amount Due
(after September 16th)

of Adults x \$30 = \$_____

of Youth x \$20 = \$_____

Total Due: \$_____

Waiver of Liability:

In consideration of this entry, I, the undersigned intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Zion Lutheran School and the City of Cottleville and its personnel, committees, and volunteers for any and all injuries suffered by me in said event.