

Early Bird Discount!  
Long Sleeve T-Shirt!  
Disposable Timing Chips!

# St. Paddy's Day 5K Run/Walk & Leprechaun Leap

Sunday, March 14, 2010 • 10:00am Start • Diversey Harbor  
(Cannon Drive & Lake Shore Drive West, Chicago)



## Be Seen ... Be Green!



### 10 a.m. START

Registration/packet pick-up starts at Diversey Harbor at 8:30am. Limited metered and street parking available. Arrive early!



### LEPRECHAUN LEAP

\$8 in advance and \$10 on morning of event. Leap starts at approximately 11:15am. Participants must have a signed entry form.



### POST RACE PARTY at



All participants are welcome to enjoy a complimentary beverage (or beer for 21 & over w/ valid ID) at Trinity, 2721 N. Halsted St. (intersection of Halsted & Diversey).



### LONG SLEEVE T-SHIRT

100% cotton long sleeve St. Paddy's Day 5K Run/Walk commemorative t-shirt guaranteed to the first 1,500 participants.

## 4 Easy Ways to Register!

Register on or before March 1st and save \$5!

### 1 Pre-Register Online

www.chicagoevents.com

### 2 Pre-Register by Mail

Use this form

### 3 Pre-Registration/Package Pick-Up



**LA Boxing**  
3215 N Broadway St • Chicago  
773-248-5229  
(Just North of Belmont on Broadway)

Wednesday, March 10 from 3pm to 8pm

Saturday, March 13 from 9am to 4pm

### 4 Event Day Registration

@ Cannon Dr. and Lake Shore Dr. West;

Diversey Harbor

8:30am – 9:45am

Fun Run Registration only.

For more info or to volunteer, call 773.544.1010  
Register using this form or online at  
www.chicagoevents.com



Sorry, no chip-timed registration on race day. REGISTER EARLY!

## 9th Annual St. Paddy's Day 5K Run/Walk & Leprechaun Leap

March 14, 2010 at Diversey Harbor (Cannon Drive & Lake Shore Drive West, Chicago)

Registration Fees: 5K Chip-timed Run or 5K Fun Run/Walk on or before March 1st \$25  
After March 1st \$30 • Race Day (Fun Run Only) \$30 / Leprechaun Leap \$8 in advance • \$10 Race Day

I would like to participate in:  5K Chip-timed Run  5K Fun Run/Walk  
 Leprechaun Leap (ages 10 & under)

Please print clearly.

First Name

Last Name

Street Address Apt. or Unit

City State

Zip Sex Birthdate Age on 3/14/10

Phone T-shirt Size: Y M S L XL XXL

Email Address

Emergency Contact Name

Emergency Contact Phone

I cannot participate in the event, however please accept this donation to the Lake View Citizens' council on my behalf: \$ \_\_\_\_\_

Cash  Credit Card  Check

(Please make checks payable to: Special Events Management. Sorry, no refunds.)

VISA  MasterCard  Discover  American Express

Credit Card Number

Expiration Date Security Code

\$2 service fee for any credit card purchase. Charge will appear as Chicago Special Events. Credit Card Registrations can be faxed to Special Events Management at 773-523-6760. (Must be received by Noon on March 8, 2010.)

Mail your completed registration form and payment (postmarked by March 5 2010) to:  
Special Events Management, c/o St. Paddy's Day 5K, 2221 W 43rd Street, Chicago, IL 60609.

BIB #:	_____
REG FEE: \$	_____
DONATION: \$	_____
TOTAL: \$	_____
PMT TYPE:	_____
INITIALS:	_____

WAIVER: I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against Chicago Running and Special Events Management Inc. dba, Special Events Management, the City of Chicago, the Chicago Park District, Lakeview Citizens Council, USATF and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to CSEM and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event for any purpose. There will be a \$30.00 fee for all returned checks. Sorry no refunds.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_