

EVENT TIMELINE

7:00 AM - Race day registration & packet pickup

8:00 AM - 1 mile fun run

8:30 AM - 5K

10:00 AM - Awards

PRICING

1 mile: \$15 through May 1 **or** \$20 after May 1 & on-site

5K: \$30 through May 1 **or** \$35 after May 1 & on-site

Virtual Runner: a tax-deductible donation

ON-LINE REGISTRATION AT heartsol.athlete360.com

ADDRESS & PARKING INFO

MEADOWMERE PARK: 3000 Meadowmere Lane, Grapevine, TX 76051

Enter the gatehouse and say "Heart and Sol Run" to waive parking fee

Turn right immediately after gatehouse to parking area

EARLY PACKET PICK UP

Luke's Locker - 1081 East Southlake Blvd. Suite 160, Southlake, TX 76092; 817-849-1562

Wednesday, May 13 and **Friday, May 15** - times **TBA**

Please join us on race day at **7:00 AM** if you miss the times above

AWARDS & PRIZES

Overall and Master male and female finishers

Male & Female Age Groups: 14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & over (no duplicate awards given for any age group)

Chip timing is required to be eligible for awards (chip timing provided by **Cox Racing Services**).

WHO IS CAMP SOL

Camp Sol (www.campsol.org) is a group of bereaved parents, medical professionals and mental health professionals bonded to serve the common cause of assisting grieving families through one of life's most difficult tragedies: the death of a child. Camp Sol utilizes the experiences of parents who have experienced the death of a child, along with the expertise and support of child life specialists, nurses, physicians, chaplains, social workers, play therapists, music therapist and community grief support representatives to assist grieving families. Camp Sol is a non-profit, 501(c)3 organization.

QUESTIONS?

Contact the race organizers for any questions or sponsorship/volunteer opportunities.

Champions for Charity: championsforcharityrun@gmail.com

Maitry: 817-798-0277

Urmesh: 817-658-4056

Jaina: 817-798-4113



SATURDAY MAY 16, 2015

Meadowmere Park - Grapevine

MAIL PAYMENT AND FORM TO:
Camp Sol, Inc
C/O Lisa Jones
Children's Medical Center-Child Life
1935 Medical District Drive
Dallas, TX 75235

REGISTRATION FORM for May 16, 2015 Camp Sol Heart & Sol Run

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Age on 5/16/2015: _____ Date of Birth: _____

Gender: ___ M ___ F Phone: _____

Email: _____

Emergency Contact Name & Phone: _____

Shirt Size (**Shirts only guaranteed if registered by May 1**): ___ S ___ M ___ L ___ XL ___ XXL

Entry Fees: **NO REFUNDS**

_____ \$15 1 mile if received by May 1

_____ \$20 1 mile after May 1 and on site

_____ \$30 5K if received by May 1

_____ \$35 5K after May 1 and on site

_____ \$15 extra t-shirt _____ size

_____ \$100 Family Memoriam (name will be included on all t-shirts if received by May 1st)

"We walk & run in memory of _____"

\$_____ Virtual Runner (Camp Sol supporter who does not participate in the event)

Payment Method: _____ Check enclosed (Please make all checks payable to Camp Sol, Inc.)

_____ Credit card: Type: _____

Card Number _____ Security Code: _____ Exp: _____

Waiver: Entry invalid if not signed. In consideration of the acceptance of this registration entry, I the undersigned assume full and complete responsibility for any injury or accident which may occur during my participation in the event or while I am on the premises of the event. I hereby release and hold harmless Camp Sol, Inc., the race organizers, sponsors, promoters, and all other persons and entities associated with the event or their agents or employees or otherwise. I will not enter and participate unless medically able and properly trained. I assume the risk associated with this event, including but not limited to falls, contact with other participants, the effects of weather, and the conditions of the road. Fees are non-refundable, even if the race is canceled due to weather or other circumstances. T-shirt size is not guaranteed. I have read the foregoing and certify my agreement by this signature, and my parent's or guardian's if under age 18.

Signature: _____ Date: _____

MAIL PAYMENT AND FORM TO:
Camp Sol, Inc
C/O Lisa Jones
Children's Medical Center-Child Life
1935 Medical District Drive
Dallas, TX 75235