

**Wunderlich Intermediate School - 11800 Misty Valley Dr.
 Wunderlich's Sunnyside Walk - Track
 Saturday May 20th, 2017
 9am-12pm**

Run, skip, dance, or walk with your friends and family while you participate in a series of activities! It's not about racing fast or far ... it's about having a healthy and fun time with your family and friends while being able to raise money to support an incredible organization! Strollers are welcome. Groups will be there selling treats to help raise money as well!

PRE-REGISTER BY MAY 12 TO RECEIVE A GUARANTEED T-SHIRT!

Pre-Registration by May 12:

\$15 per person (6th grade to adult)
 \$10 per person (5th grade and younger)

Race Day Registration, Saturday May 20th:

\$20 per person (6th grade to adult); t-shirt not guaranteed
 \$15 per person (5th grade to adult); t-shirt not guaranteed

Funds benefit The Sunshine Kids Foundation. For information, contact Juli Graham - jgraham1@kleinisd.net
 Please detach and return the registration form below to the Wunderlich Main Office, or directly hand it to Juli Graham in room 229A .

WUNDERLICH SUNNYSIDE WALK REGISTRATION FORM

PRE-REGISTER BY MAY 12 TO RECEIVE A FREE T-SHIRT.

(T-shirt is not guaranteed with race day registration.)

BY May 12 : \$15 (6th grade – adult); \$10 (5th grade-younger). ON May 20th : \$20 (all ages)

CASH ONLY

Participants: _____ Total Payment: _____

Please mark preferred shirt quantities and sizes. Shirts will be distributed on race day. We will make every effort to give you the sizes you request, but may have to substitute sizes depending on availability.

Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	# SHIRTS

I, the undersigned, being the individual, spouse, parent, or legally authorized and qualified guardian of
Name _____ **Grade** _____ **School** _____

agree to hold the Klein Independent School District, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which any member of my family or overnight guest in my home may receive while participating in any recreational activities or utilizing the Klein School District facilities. I herewith authorize the athletic director, coach, and/or district employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Date

Parent or Legal Guardian Signature

Emergency Phone #