



RUN TO THE PLUNGE

A 5K Run & Walk held in conjunction with the **Lewes Polar Bear Plunge Weekend Festival**.

Event participants and their families will enjoy a weekend of activities both pre- and post-event and encouraged to visit the merchants in and around Rehoboth Beach.

Date & Time

Date Saturday, February 6, 2010 *Rain Date:* Event will be held rain or shine

Race Time 5K Run (and Walk) to the Plunge 1:00pm

Registration On-line at www.plungeDE.org or using the registration form below

On-Site Registration Opens at 11:00am; in vicinity of Rehoboth Avenue & Boardwalk

Entry Fee \$20 pre-registered participants; \$25 day-of; all participants will receive a long-sleeve event T-shirt

Awards & Prizes

Framed Award & Prizes for :

Male & Female: Overall
1st \$100 Gift Card
2nd \$ 75 Gift Card
3rd \$ 50 Gift Card

Male & Female: Masters(40+)
1st \$100 Gift Card

(Must be present to receive awards, prizes and event t-shirt.)

Framed Award for:

Male & Female 1st, 2nd & 3rd place
Age Groups: 14 & under, 15-19, 20-29, 30-39,
40-49, 50-59, 60-69, 70+

Photos available for purchase post-event at
www.sode.org

Reason To Run

Special Olympics Delaware is an organization that changes lives by promoting understanding, acceptance and inclusion between people with and without intellectual disabilities. Through year-round sports training, athletic competition and related programs conducted for more than 3,300 children and adults with intellectual disabilities, the organization creates a model community that celebrates people's diverse gifts. Special Olympics Delaware builds sports skills, confidence, strength, motivation and self-esteem - not just for athletes, but for everyone involved.



Pre-Registration Form

Pre-Registration Form & \$20 must be received by January 29th for Event shirt to be available day-of the event.

Registration fee day-of - \$25

Name: _____ **DOB:** _____ **Age on Race Day (02/06/10):** _____

Street: _____ **Gender (please circle) M F**

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Tee-Shirt size (please circle) Youth S M L XL**

E-mail: _____ **Adult S M L XL XXL XXXL**

Emergency Contact: _____ **Emergency Contact Phone # :** _____

Payment

_____ Check enclosed (payable to Special Olympics Delaware)

_____ M/C or Visa Acct. # _____ Exp. Date _____

Return this completed form to: Special Olympics Delaware · University of Delaware · Newark · DE · 19716-1901