

*Lupus Foundation of America,  
CT Chapter Presents*  
**'Huffing Off Stuffing' 5K Race**  
Sunday November 29<sup>th</sup> 2015 10am-1pm  
John Wallace Middle School Trails  
71 Halleran Drive  
Newington, CT 06111

**Contact Information**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Event Role Detail**

**Participant Type:** Walker/Runner/Volunteer **Role:** Individual/Team **Team Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** Male/Female **Bib Number:** \_\_\_\_\_

**Email List**

Circle one of more to receive more information

**Huffing Off Stuffing 5K**

**Walk to End Lupus Now Events**

**Educational Symposiums**

**Mission ~~Impossible~~ Possible**

**Information**

**How did you hear about us:**

**Billing Detail**

Registration Fee \$25

**Name on Card:** \_\_\_\_\_ **Card Number:** \_\_\_\_\_

**Card Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing City:** \_\_\_\_\_ **Billing State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Billing Country:** \_\_\_\_\_ **Billing Phone:** \_\_\_\_\_

**I would like to make an additional donation (optional):** \_\_\_\_\_

**To this organization**

**To this Event**

**Toward my fundraising Goal**

*Thank you for helping in the fight against this cruel mystery we call Lupus!*

Mail or turn in your application to:  
Lupus Foundation of America, Connecticut Chapter \* 270 Farmington Ave, Suite 362, Farmington CT 06032