



The Winterville Center For Community & Culture



The 3rd Annual Winterville Breeze 5K Run Saturday, September 22, 2018, 8 a.m.

- Proceeds:** Proceeds of this race will benefit the Winterville Cultural Center
- When:** Saturday, September 22, 2018 at 8 a.m.
- Where:** The Winterville Cultural Center at 371 N. Church Street, Winterville, Georgia 30683
- Course:** The run will take place in the beautiful City of Winterville on county roads, which are relatively flat with some shade.
- Awards:** Overall Male/Female – Masters M/F – Grand Masters M/F – and top 3 in M/F in age groups beginning with 10 & under to 75 & over in 5 year increments.

Contact Info: For additional info contact Carole Black at ClassicRaceServices@gmail.com

Email to JoAnn Snow at WintervilleCenterAssistant@gmail.com

Finish line provided by Classic Race Services. Complete results will be posted online at active.com and coolrunning.com

Registration Info: The cost is \$20 pre-registered. Pre-registered are those entries postmarked by September 1st or received at The WCCC by September 2nd. **\$25 afterward** until race day. T-shirts available as supply lasts. Walkers welcome.

Registration is also available on Active.com. Registration will be available on race morning beginning at 7 a.m.

No refunds for non-participation. Cost is \$15.00 for no shirt option, pre-registered, and \$20 after Sept. 1. \$20 for a Phantom Runner (those who want to support the event and get a t-shirt, but cannot participate). Shirts will NOT be mailed.

Family Rate: (preregistered only): \$60 (covers 4 entries) \$10 for each additional family member registered during early registration; postmarked by September 1st or received at the Winterville Community and Cultural Center September 2nd.

Packet Pickup: At the WCCC on race day beginning at 7 a.m.

-----One entry per form, please print clearly-----

Complete the entry form below (make checks payable to the City of Winterville) and mail to:

City of Winterville, PO Box 306, Winterville, GA 30683

Last Name: _____ First Name: _____

Address: _____ City, State & Zip: _____

Phone: _____ E-mail: _____ D.O.B.: ____/____/____ Age: _____

Gender: M/F _____ Event: 5K race _____ Phantom Racer: _____ Walker _____ Family Rate _____

T-shirt (circle one): (Youth) S M L (Adult) S M L XL XXL or No Shirt Amount Enclosed _____

Participation Waiver: In consideration of acceptance of this application, I hereby waive any and all claims against the Winterville Center for Community & Culture, the City of Winterville, hosts, sponsors, officials, volunteers, and any other parties involved with the Winterville Breeze 5 K Run for injury and/or damage I may incur while participating in said event. I understand there will be no refunds for any reason. I understand the race may be canceled in the event of extreme weather conditions. I also give permission to use my name and/or photo in any media publication regarding this event.

Signature: _____ Date: _____
(parent or guardian if under 18)