



# Choices Pregnancy Care Center



## Run For Life 5K

### October 13th, 2018 at 11:00am



**SPONSORS NEEDED (\$300 for Logo on T-shirt)**

**REGISTRATION- WWW.ACTIVE.COM**

\$25 through September 30<sup>th</sup> / \$30 October 1st through race day / \$75 for family of 4 (limited to 4 members)

**T-SHIRT CUT OFF DATE IS September 30<sup>th</sup>**

**REGISTER ONLINE at [www.active.com](http://www.active.com) OR MAIL** completed form (below) with check payable to:  
Choices Pregnancy Care Center  
P.O. Box 52, Gainesville, GA 30503-0052

- ➡ **9:30 am - Race day registration begins. All registration fees are non-refundable.**
- ➡ **10:30 am - Free "Kiddie K" begins for all children too young to compete in the 5K.**
- ➡ **11:00 am - 5K begins for all registered runners and walkers.**

**Can't attend? Be a Phantom Runner. Fill out the form below and return by September 30<sup>th</sup> to have a T-shirt mailed to you without actually having to run.**

**AWARDS** – Overall Male/Female, Masters Male/Female, Grand Masters Male/Female, and three deep awards in 15 age categories. Complete results will be available online within 24 hours at: [www.classicraceservices.com](http://www.classicraceservices.com) OR [active.com](http://active.com). This race is part of the **Black Bag Race Series**.

**PRIZES** - An Amazon gift card will be given for the best "Make Us Smile" running costume.  
A Papa John's gift card will be awarded to the team with the most "5K Runner" participants.

**COURSE** – Begin and end at Lakeview Academy (796 Lakeview Drive, Gainesville, GA 30501)

**T-SHIRTS / REFRESHMENTS**– T-shirts for participants who register by September 30<sup>th</sup>. Water stations set up on the course and at the finish. Refreshments included for post-race recovery.

**QUESTIONS?**– For sponsorships or general inquiries, contact Sue Kaufman, Administrative Coordinator: 678-928-4360 (Mon-Thurs) / Email: [suekaufman@choicespregnancy.org](mailto:suekaufman@choicespregnancy.org)

**ONE ENTRY PER PERSON. \$25 through 9/30 - \$30 10/1 through race day - \$75 for family of 4. PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ M/F Age \_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Church/Group \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Participant Category (circle one): 5K Runner      Phantom Runner

T-shirts: Adult size (circle one): S M L XL XXL      Child size (circle one): S M L

**Waiver:** By submitting this entry, I waive any and all claims for myself and my heirs against Choices Pregnancy Care Center officials, Lakeview Academy, and event sponsors from injury or illness which may result directly or indirectly from my participation. I state that I am in proper physical condition to participate. I also give my permission for use of my name and picture in any media or other account of this event.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian if under 16: \_\_\_\_\_ Date \_\_\_\_\_