

# 5K-Run for Stroke Awareness

**Saturday, June 28, 2014**  
**Good Samaritan Hospital**  
**5401 Lake Oconee Parkway**  
**Greensboro, GA 30642**  
**5K will begin at 7:30 am**  
**Registration will open 6:30 am in front parking lot of Good Samaritan Hospital**

**Date: 06/28/2014**

**Time: 7:30 am**

**Pre-register by: 6/14/2014**

**Entry fees:**

- \$25.00 by 6/14/14
- \$30.00 afterwards to race day
- T-shirts will be guaranteed to all pre-registered participants registered by 6/14/14 and as long as supplies last on race day
- Registration also available at [www.active.com](http://www.active.com)

**Awards will be given to Overall M/F, Masters M/F and top three M/F in age groups beginning 10 and under through 75 and over.**

**For more information:**

**Beth Watkins: 706-540-8397**  
**or 706-453-5030**  
**[bethwatkins@stmarysgoodsam.org](mailto:bethwatkins@stmarysgoodsam.org) or**  
**Carole Black, Classic Race Services—**  
**[classicraceservices@gmail.com](mailto:classicraceservices@gmail.com)**



[www.classicraceservices.com](http://www.classicraceservices.com)  
[classicraceservices@gmail.com](mailto:classicraceservices@gmail.com)

**Mail form and entry fee to:**

Make checks payable and mail to: 5K for Stroke Awareness  
 c/o Classic Race Services  
 1860 Barnett Shoals Road  
 Suite 103-498  
 Athens, Ga. 30605

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 T-shirt Size: S M L XL  
 Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age on race day \_\_\_\_\_

**WAIVER:** In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, sponsors, hosts, or any person associated with the 5K Run for Stroke Awareness. I understand that running in a race is strenuous and I am in proper physical condition to participate in this event. I also give permission for use of my name and photograph to be used in any media or other account of this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if under 18 years of age. \_\_\_\_\_ Date \_\_\_\_\_