## RUN FOR A LIFE 5K

SATURDAY, OCTOBER 11 / LAKEVIEW ACADEMY TODDLER DASH 11:30AM / 1 MILE FUN RUN NOON 5K 12:30PM - RAIN OR SHINE













## BENEFITTING CHOICES / SPONSORS NEEDED

## **REGISTRATION - WWW. ACTIVE.COM**

\$25 through October 2 / \$30 October 3 through race day. \$75 for family of 4 (limited to 4 members). T-SHIRT CUT OFF DATE IS OCTOBER 2. On race day registration begins at 11:00 am. All registration fees are non-refundable. Toddler Dash for children 4 years old or younger - No cost but must register by October 2 to get a t-shirt.

Can't attend? Be a Phantom Runner and send in a donation. Fill out the form and return by October 2 below if you would like to have a t-shirt mailed to you.

REGISTER ONLINE: www.active.com OR MAIL: Complete form (below) and make check payable to Choices Pregnancy Care Center: P.O. Box 52, Gainesville, GA 30503-0052.

**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 OR active.com

**COURSE** - Race will begin and end at Lakeview Academy (796 Lakeview Drive, Gainesville, GA 30501)

- See race route map at: choicespregnancypartners.org, go to Calendar to "2014 5K Run/Walk"
- In case of inclement weather, Fun Run / Walk & Toddler Dash will be held inside

**T-SHIRTS** / **REFRESHMENTS** - T-shirts guaranteed to participants who register by October 2. Water stations will be set up on the course and at the finish. Refreshment tables will be set up for post race recovery.

**QUESTIONS?** - For sponsorships or general inquiries contact Jessica Hart, Administrative Coordinator: 678-928-4360 (Mon-Thurs) / Email: jessicahart@choicespregnancy.org

Visit: www.choicespregnancypartners.org (go to Calendar, "2014 5K Run/Walk")

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Name		(Circle): M F	Age DOB	8 Phone			
Address				Zip			
Email		Church/Organi	ization				
Event: D 5K	☐ Fun Run	□ Phantom Runner	□ Toddler	Dash, 4 years or younger			
T-shirts: Adult si	ize (circle one): S	M L XL XXL	/ Kids: 2T 3	T 4T 5T YS YM			
and event sponsors from	injury or illness which may	,	m my participation. I s	egnancy Care Center officials, Lakeview Academy tate that I am in proper physical condition to this event.			
Signature			Date				
	ardian if under 16:		Date				