

The RETURN OF

YOUNG LIFE DAWSON DASH 5K

SATURDAY AUGUST 23RD, 2014 - ROCK CREEK PARK
445 MARTIN RD, DAWSONVILLE, GA

5K Run/Walk
begins at 8:30 AM



You were made for this.™

COURSE:

The course will be 3 loops on the walking trail inside Rock Creek Park. It is a fairly flat, fast course.

REGISTRATION:

Early 5K registration is \$20.00 until August 16th. Late registration is \$25 afterwards through race day.

DEADLINE: Pre-registration entries must be received by August 20th. Race Day registration and pickup starts at 7:30 AM

NO REFUNDS.

Register online at www.active.com.

T-Shirts:

Pre-registered are guaranteed a shirt if registered by 8/16/14. Race day registrations will be as supplies last.

RACE INFORMATION

Race Director: Bruce Lewis

Phone: 404-202-3585

E-mail: blewisadsr@aol.com



CORPORATE/TEAM CHALLENGE

Sign up as a team, group or family for a discount. You will also be able to compete for the overall team award. Limit 5 runners per team. Each person on the team must fill out an entry form and all entries must be mailed together in the same envelope. You may also register online as a group. The entry fee is only \$70 and you must pre-register. No group discounts on race day. Everyone on the team will receive a Dawson Dash T-Shirt.

AWARDS:

Overall Male/Female, Overall Masters Male/Female and the top 3 in standard age groups from 10 and under to 75 and over will receive medals.

RESTRICTIONS

For the safety of our runners, no strollers/baby joggers, skates, motorized vehicles of any kind, no dogs or bicycles are allowed on the course.

Official Dawson Dash 5K Entry



www.classicraceservices.com
classicraceservices@gmail.com



Entry Fee: \$20.00 entry fee before August 16th. \$25.00 afterward through race day. Family and group registration \$70 pre-registration only. Mail-in deadline August 20th 2014. ONE ENTER PER PERSON. THERE MUST BE AN ENTRY FORM FOR EACH TEAM MEMBER.

FIRST NAME: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Gender: _____ AGE (as of 8/23/14) _____ BIRTHDATE: ___/___/___

EMAIL _____

T-SHIRT SIZE (Size not guaranteed on race day. No shirts will be mailed) YS O YM Os O M O L O XL O

Race Waiver: I know that running a road race is a potentially hazardous activity that could cause injury or death. By my signature, I certify that I am medically able to perform this event and am properly trained. In consideration of this entry, I waive any and all claims for myself and my heirs against Young Life, Dawson County, race officials, sponsors, and volunteers of the Young Life Dawson Dash for injury or illness which may result directly or indirectly from my participation in this event.

Runner's signature (required) _____

Parent or Guardian if under 18

Additional Donation \$ _____ All donations are tax deductible.

Please make checks payable to: **Young Life Dawson**

Mail to: P.O. Box 2007 Dawsonville, GA. 30534

THANK YOU FOR SUPPORTING THE MINISTRY YOUNG LIFE OF DAWSON COUNTY!