4-H 4K

July 11,2015 / 7:34 pm
Supporting Oconee 4-H & GA 4-H

Location and Registration: The race will be run on paved streets inside the J. Phil Campbell Station at 1420 Government Station Rd. Watkinsville GA--The Oconee County Extension Office. Just off 441.

Registration: $17 preregistration postmarked no later than June 26. $20 after 6/26/15 and on race day. Race day registration 6:15-7:15 PM. Note this race is also part of the 12 Days of Christmas mini-series. The flier for the 12 race package can be found at http://www.cloverglove.com/races/2015-races/ No need to register for this race if you have entered the 12 Days series. Online registration: https://endurancecui.active.com/event-reg/select-race?e=17842151

Checks should be made payable to the Georgia 4-H Foundation and sent to Clover Glove, Georgia 4-H, Hoke Smith Annex, UGA, Athens, GA 30602. Contact: boryles@gmail.com or rkeel@mindspring.com

Awards: Awards will be presented to top three runners in each age group. Points awarded in Clover Glove, Black Bag and Run & See GA Grand Prix.

T Shirts: Provided to all preregistered runners/ race day as long as available

Name_____ Email: _____

Address:_____Shirt Size? _____

Age on 06/11/2016: _____   Gender: M F Emergency Phone # _____
Race Fee: __ $17 (Before 6/26)   __ $20 (After 6/26) Extra Gift $_____

In consideration of being allowed to participate, I, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby release and discharge from any and all, liability for injuries, illness and damages I may suffer arising out of or resulting from my participation in or traveling to or from this event the following: Oconee 4-H 4KRace. I also hereby release all property owners and persons connected to this event. I further attest that I am physically fit and have sufficiently trained for this event. I understand that my fee is nonrefundable. I hereby certify that I am eighteen (18) years of age, or that I have the consent of my parent/guardian as attested by their signature below.

_____   _____   _____
Signature   **Date**
Parent Sig if Under 18