Classic City Pilot Club

Presents the

5th Annual Brain Fitness 5K

In loving memory of Diane Roberts

Sandy Creek Nature Center
Saturday, August 12, 2017
7:30 am

Diane's Run

Pilot International was founded in 1921 in Macon, Georgia. Pilot Club service projects and fundraisers benefit the local community. Hands-on service projects emphasize Brain-related disorders, disabilities, and Brain Minders.

Location: Sandy Creek Nature Center. 205 Old Commerce Road, Athens, GA 30607.

Course: This 5K course is an out and back along the Oconee Greenway.

Awards: Awards will be presented to Overall Male/Female, Masters Male/Female, and Top 3 Male/Female in age groups beginning with 10 and under through 75 and over.

T-Shirts: T-shirts will be given to participants who **pre-register** by August 2, 2017 and will be given to late registrants as available the day of the event.

Refreshments: Provided after the race.

Registration: $20 per person (if postmarked by August 2, 2017). Late registration and day of race cost is $25 per person. No shirt option is available, $15.00 if postmarked by August 2, 2017 and $20.00 after August 2, 2017 and through race day. Race day registration will be available beginning at 6:45am.

Register one of two easy ways:

1) By mail – Complete the registration form and send to:
Brain Fitness 5K, c/o Classic Race Services,
1860 Barnett Shoals Road, Suite 103-498, Athens, GA 30605
Make check payable to The Classic City Pilot Club

2) Online at: active.com

(Please Print – One Registration per person – May be copied as needed)

First Name _____ Last Name _____

Address_____ City_____ State_____ Zip_____

Email_____ Age_____ DOB____/____/____ Gender: M F

T-shirt Size (circle one) S M L XL XXL no shirt

I cannot participate, but would like to support the event in the amount of $_____. THANK YOU!

Waiver: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials and sponsors of the Brain Fitness 5K sponsored by the Classic City Pilot Club for injury or illness, which may result directly or indirectly from my participation. I further state that I am in proper condition to participate in this event.

_____ _____

Participant signature (if under 18 – parent's signature is required) Date