



CBF

Go For Red 5K.

Registrations: \$20 until Dec 26th___, \$25 Regular___ / \$30 Day of___ / \$25 Students and Children ages 18-6___ / \$96__ Individual Family & Teams of Four___, \$25__ Phantom, \$25 No-T Shirt and Children five and under are free and add \$5 for tee shirt.

Time: Check in starts @ 8:00am: Race/Walk starts at 9:00am.

Place: Central City Park.

Date: January 26th.

Awards: There will also be overall male/female awards. In the 5k/Walk, awards will be given for most distinguished, overall winner male/female, and age group awards three deep.

Proceeds will provide health screenings and awareness of heart disease.

T-shirt size: YM__YL__S__M__L__XL__2X (Add \$2) __ 3X (Add \$2) __

Name _____

Gender: M__F__ Age on race day__ Date of Birth __/__/__ Race: 1 Mile__ 5K__

City: _____ Address: _____

Phone (____)-____-____ Email: _____

Race Registration: \$ ____ Cash__ Check__ Additional Donations \$ ____ Total Enclosed \$ ____

Please make check payable to: Charity Benevolent Fund.

Signed entry form should be mailed to: Charity Benevolent Fund P.O. Box 1014 Gray, GA 31032.

Contact: Larry Manuel E| cbf@mycbf.org P| (478) 444-9781, W| <http://mycbf.org>

Waiver Must be Read and Signed Before Mailing: In consideration of this entry being accepted, I hereby waive all claims for myself and my heirs against Charity Benevolent Fund, it sponsors, race officials, and volunteers for any illness, which may directly or indirectly result from my participation in these events. I further state that I am in proper condition to participate in the race. I give permission for free use of my name and picture in any broadcast, telecast, or any other visual, oral or written account of the event.

Applicant Signature Required Date (Parent Signature if Under