

Donation Drive & 5K Run/Walk.

Registrations: \$25 ___ Regular, \$30 Day Of __, Students and Children 17 and under \$20___.

If registering after September 14thth, T-shirts are not guaranteed. Check for remaining shirts at the race.

Time: Check in 7:00 A.M TO 7:45 A.M September 28th. 5K Starts at 8:00 A.M.

Course: Scenic

Place: North Macon Presbyterian Church Parking Lot.

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

Proceeds will provide free diapers across Middle Georgia.

T-shirt size (circle one): YM ~ YL ~ S ~ M ~ L ~ XL ~ 2X (Add \$2) ~ 3X (Add \$2)

Name _____

Gender: ___ M ___ F. Age on race day: _____ Date of Birth ___ / ___ / ___ Race: Kids Dash ___
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| cservice@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 18) _____