

Joshua's Wish 5K Run/Walk

The 13th Annual Joshua's Wish 5K Run/Walk

Saturday, September 17, 2022 8:00 A.M.



Tattnall Square Park
1155 College Street, Macon, GA

Benefiting



For additional
information, contact:

Joshua's Wish

Phone: 478-361-3541

E-mail: joshuaswish@yahoo.com

www.joshuaswish.org

2022 Registration Form

September is *Childhood Cancer Awareness Month*! Please join us on **September 17th** at Tattnall Square Park, 1155 College Street, Macon, Georgia, for *the 13th Annual Joshua's Wish 5K Run/Walk (Virtual & In Person)*. **The Race will be Chip Timed.** Our goal for this year is to raise \$30,000 for pediatric cancer research. Pediatric brain tumors and childhood cancer in general require specific research and treatments from those for adults.

Race activities begin at **8:00 a.m.** We will honor children battling cancer and remember those who were taken. In addition to the run/walk, enjoy kid's field day activities, food, face painting, and more!

PACKET PICK UP - DAY OF THE RACE @ Tattnall Square Park, September 17th @ 7:00 AM

Run/Walk Schedule

7:00 Check-in/ Registration

7:30 Warm Up

8:00 5K Run/Walk

Awards Ceremony

**Prizes are awarded to the TOP THREE finishers
in each age group.**

Registration Fees

Register online at <http://www.joshuaswish.org>

Early Registration 5K Run/Walk (by September 6th) \$25

Late Registration 5K Run/Walk (after September 6th) \$30

Youth (includes youth size t-shirt) \$15

Late Registration Youth (after September 6th) \$20

Children 4 and under free (does not include t-shirt)

***only early registration runners/walkers guaranteed t-shirt**

FOR 2XL & 3XL T-SHIRTS - ADD ADDITIONAL \$2

Register online at <http://www.joshuaswish.org>

Name _____ Age: _____ Gender: Male or Female (circle one)
Mailing Address _____ City _____ State _____ Zip _____
E-mail Address _____ Phone _____
T-shirt Size: Child: S M L or Adult: S M L XL XXL XXXL

T-shirts will be mailed to VIRTUAL Participants

FOR 2XL & 3XL T-SHIRTS - ADD ADDITIONAL \$2

☐ Please Mail Packet to Address Indicated

Check Box If...

☐ VIRTUAL
☐ IN PERSON

Chip Timed Race

Waiver: In consideration of acceptance of this entry, I waive any and all liability claims for myself against Joshua's Wish, City of Macon, sponsors, and volunteers for damages, injuries, or illness which I may receive as a result of my participation in Joshua's Wish run/walk. I further State that I am in proper physical condition to participate in any part of this event. In case of a rain cancellation, my Registration fee will be considered a donation.

Signature _____

Signature of a Parent (if minor) _____

Please return this completed form with registration fee to Joshua's Wish, 277 Martin Luther King Blvd., Suite 106, Macon, Georgia 31201

DO NOT SEND CASH THROUGH MAIL (Checks or Money Order ONLY)