



**Joshua's Wish 5K Run/Walk**  
**17th Annual Joshua's Wish Gold Ribbon**  
**5K Run/Walk & Honor Walk**  
**NEW for 2026: Scenic Trail Course at Cavalier Fields**  
**Saturday, September 19, 2026, 8:00 a.m.**



**RACE LOCATION**  
**CAVALIER FIELDS**  
 4659 Cavalier Drive  
 Macon, GA 31220



For additional information:  
**Joshua's Wish** Phone: 478-361-3541  
 E-mail: [joshuaswish@yahoo.com](mailto:joshuaswish@yahoo.com)  
[www.joshuaswish.org](http://www.joshuaswish.org)

**Registration Form 2026**

**QR Code**

September is *Childhood Cancer Awareness Month* – a time to come together, take action, and make a difference for children and families battling cancer.

Join us for the **17th Annual Joshua's Wish Gold Ribbon 5K Run/Walk & Honor Walk**. Whether you run, walk, cheer, or participate virtually, every step helps raise awareness and funding for childhood cancer and pediatric brain tumor research.

**PACKET PICK UP – DAY OF RACE @ Cavalier Fields, Saturday, September 19, 2026**

**Run/Walk Schedule**  
 7:00 AM Check-in/ Registration/Packet Pick up  
 7:30 AM Warm Up  
 8:00 AM Gold Ribbon Trail 5K Run/Walk  
 Immediately Following the 5K Gold Ribbon Honor Walk

**Awards Ceremony**  
 5K Run/Walk: TOP THREE Finishers in each age group  
 Team Recognition: LARGEST Team

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

	Adults 5K (18 & over)	Youth 5K (17 & under)	Honor Walk (1 Mile)	Virtual Supporter
<b>Through Sept. 5, 2026</b>	\$30	\$20	\$20	\$30
<b>Sept. 6 – Sept. 19, 2026</b>	\$35	\$25	\$20	\$30

**\*Only early registration guaranteed T-shirt**  
**EARLY REGISTRATION ENDS SEPTEMBER 5, 2026**

Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male or  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

T-shirt Size: **Youth:** YS YM YL  
**Adult:** S M L XL XXL XXXL

**EVENT SELECTION**

5K Run/Walk (Adult 18+)  
 5K Run/Walk (Youth 17 & under)  
 Gold Ribbon Honor Walk  
 Gold Ribbon Supporter (Virtual)  
 Please Mail Virtual Participant T-Shirt  
 TEAM NAME \_\_\_\_\_

**WAIVER:** In consideration of acceptance of this entry, I waive any and all liability claims against Joshua's Wish, Inc., Mount de Sales Academy, sponsors, volunteers, race officials, and event staff for damages, injuries, or illness that may result from my participation in this event. I certify that I am physically able to participate. I grant permission for photographs or video taken during the event to be used for promotional purposes. In the event of cancellation due to weather or circumstances beyond the control of Joshua's Wish, registration fees will be considered a donation.

Participant Signature \_\_\_\_\_

Parent/Guardian Signature (if minor) \_\_\_\_\_

**Mail completed registration form and payment to Joshua's Wish, 277 Martin Luther King Blvd., Macon, Georgia 31201**

**MAKE CHECKS PAYABLE TO: Joshua's Wish / DO NOT SEND CASH THROUGH MAIL – Joshua's Wish \* 478-361-3541 \* [www.joshuaswish.org](http://www.joshuaswish.org)**