



## 7<sup>th</sup> ANNUAL

**H.O.P.E. for a Drug Free Stephens**

**5K WALK, RUN, OR TROT**

**Saturday, November 1st, 2025**

**Start time - 9:00 am**

**Begins and ends on Alexander St. at City Hall**

*Points awarded in the 2025 AAA Health Series,  
Black Bag Series and Clover Glove Series*

*Register Online at [www.aaaraceservices.com](http://www.aaaraceservices.com)*

**\$25 REGISTRATION FEE (\$20 each for 3 or more) (\$10 for kids under 12)**

**FREE TURKEYS TO THE FIRST 20 TO SIGN IN WEARING A TURKEY COSTUME**

**Register Online or Mail Registration Fee/Donations and completed form to:**

**HOPE for a Drug Free Stephens – P.O. Box 1102, Toccoa, GA 30577**

**Or send registration info to [kfwhitmire@gmail.com](mailto:kfwhitmire@gmail.com)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Ages of Runner (s):** \_\_\_\_\_

***Free T-shirts to all participants that register in advance***

**Circle One**

**Youth – S**

**M L**

**Adult – S**

**M L**

**XL**

**XXL**

**XXXL**

**1<sup>st</sup> – 2<sup>nd</sup> – 3<sup>rd</sup> PLACE AWARDS FOR ALL AGE CATEGORIES**

Waiver: I agree to participate in the 7th Annual HOPE 5K Walk and Run. I acknowledge that myself and/or family members are physically able to participate. I waive any claim that may arise from this event and agree to hold harmless the HOPE for a Drug Free Stephens volunteers and event sponsors from any and all claims for damages, and/or liability arising from participation in this event. I also give my permission for the use of my name and picture in any broadcast, webcast or print media related to this event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR MORE INFORMATION VISIT: [www.facebook.com/drugfreestephens/](http://www.facebook.com/drugfreestephens/)**

**FOR QUESTIONS OR TO REGISTER YOUR GROUP CALL OR EMAIL:**

**Kathy Whitmire – 706-491-3493**

**[kfwhitmire@gmail.com](mailto:kfwhitmire@gmail.com)**