



**Good Friday Races
Rock Eagle 4-H Center
April 3, 2026
Three 4Ks**



Keel and Ryles Holiday and Clover Glove Race Series - A trail 4K (complete with Easter Eggs), a 4K on the streets, and a GPS 4K. All proceeds support 4-H. The races will be at Rock Eagle 4-H Center near Eatonton, GA. The races will be run on trails and paved streets through the 4-H Center.

WHEN: Friday, April 3, 2026. The first 4K begins at 8:44 a.m. and the second 4K begins at 9:44 a.m. The third 4K will be a GPS 4K. Registration opens at 7:44 a.m.

WHERE: 350 Rock Eagle Road located off Hwy 441 North of Eatonton, GA. Enter the main campus of the UGA Facility through the security gate.

AWARDS: Pre-registered participants will receive **ONE** long sleeved T- shirt- available race day as supply last. Easter things (candy, eggs, plastic rabbits and cheap stuff) for awards. Easter Lily for top finishers. Clover Glove & Black Bag Points.

Registration: No shirt price \$10 per race. Add a shirt for \$10.00. Must register 3/16/2026 to receive a shirt. Register Online at Run Sign Up through cloverglove.com

Race day registration is \$15 per race and does not include a shirt.

Contact: Bo Ryles boryles@gmail.com & Roger Keel rkeel@mindspring.com

Checks payable to Georgia 4-H Foundation. Mail to: Clover Glove Races, Georgia 4-H, Hoke Smith Annex, UGA, Athens GA 30602

Circle Good Friday Races You Will Run \$10 Each: Trail 4K Pavement 4K GPS 4K

T-SHIRT: ADD \$6 Circle one: S M L XL XXL or NO Shirt Amount Enclosed: \$_____

Name _____ DOB _____ Gender _____

CITY: _____ ST: _____ ZIP: _____

Email: _____

Phone _____ Emergency Phone _____



In consideration for your accepting this entry, I, the undersigned, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against Clover Glove, Georgia 4-H, the University of Georgia, sponsors, officials, workers, representatives for any and all injuries suffered by me in this event.

Signature: _____ Date: _____

Parent (if under 18) _____