



HONORING ALL WHO SERVED

Col. Allen Carr Memorial 5K

Saturday, November 11, 2023

W. E. Knox Civic Center
161 West Clinton Street | Gray, Georgia 31032

RACE SCHEDULE Registration begins at 8:30 a.m.
Race Time 9:00 a.m.

ENTRY FEES Sign up before 10/27/23
for early registration rate!

*T-shirts are guaranteed to pre-registered runners and will be available at check-in.
T-shirts will be available on race day as supplies last and are NOT guaranteed for late registrants.*

5K: Early Registration: \$25 | Late Registration: \$30

Family or Team: Save on a 5K Family or Team!

Early Registration: \$20 each | Late Registration: \$25 each

Four or more registration forms must be received in the same packet. N/A on race day.

AWARDS Overall male and female, Masters male and female, 1st Place male and female Veteran, and top three male and female in standard age groups.

Finish line management will be provided by Buddy Davis with complete results posted online at macontracks.com

RACE QUESTIONS Call Buddy Davis at (478) 491-2922

Join us for a 5K

23rd Annual Veterans Day Celebration

- 10:00 a.m.— 1:00 p.m.
- ◆ Classic Car Show
- ◆ Food Vendors—American Legion and Pilot Club
- ◆ Veterans Program at 11:00 am
- ◆ Friends of the Library Book Sale
- ◆ Each Veteran attending will receive a gift
- ◆ Music and Entertainment

PLEASE FILL OUT THE FORM COMPLETELY. INCOMPLETE OR MISSING INFORMATION WILL DELAY PROCESSING.

Name _____
 Address _____
 City _____
 State _____ Zip _____ Phone _____
 Email _____

I'm signing up for: 5K 5K Team

I can't participate, but want to contribute by:

Buying— t-shirt(s) at \$20 each (Phantom Runner)
 Shirt size(s): S M L XL XXL

Sponsoring the event for \$50. Indicate sponsor name:

Making a donation in the amount of (no shirt):
 \$10 \$20 \$50 \$100 Other: \$ _____

Total Enclosed: \$ _____ (to: Jones County Veterans Memorial Fund)

Mail completed registration form with payment to:

Col. Allen Carr Memorial—Veterans 5K
PO Box 733 | Gray, Georgia 31032
Questions? Call Joy Carr at (478) 319-8209

MUST BE COMPLETED IF PARTICIPATING IN RACE

Race Type: 5K
 Age: _____ Date of Birth: ____/____/____
 Gender: Male Female
 T-Shirt Size: __YS __YM __YL __S __M __L
 __XL __XXL __No Shirt
 Are you a Veteran: Yes No
 If yes, what branch? _____

Waiver: *In consideration of acceptance of this application, I hereby waive any and all claims against Jones County Veterans Committee, hosts, sponsors, officials, volunteers, and any other parties involved with the Jones County Veterans 5K for injury and/or damage I may incur while participating in said event. I also give permission to use my name and/or photo in any media publication regarding this event.*

Signature: _____
 (Signature of parent or guardian if participant is under 18)

Date: _____