



Choices Pregnancy Care Center Run For Life 5K October 21, 2023 at 11:00am



Choices 13th Annual 5k

SPONSORS NEEDED (\$300 for Logo on Race Shirt)

REGISTRATION- WWW.ACTIVE.COM

\$30 through September 30th / \$35 October 1st through race day / \$25 per runner for teams of 4 or more

GUARANTEED RACE SHIRT CUT OFF DATE IS September 30th. Registrations from October 1st through race day, shirts will be available only as supply lasts.

REGISTER ONLINE at www.active.com OR MAIL completed form (below) with check payable to:
Choices Pregnancy Care Center
P.O. Box 52, Gainesville, GA 30503-0052

- ➔ 9:30 am - Race day check-in begins. All registration fees are non-refundable.
- ➔ 10:30 am - Free "Kiddie K" begins for all children up to age 10.
- ➔ 11:00 am - 5K begins for all registered runners and walkers.

Can't attend? Be a Phantom Runner. Fill out the form below and return by September 30th to be guaranteed a Race Shirt. Shirts can be picked up at the race, or arrangements can be made for pick up at another time.

AWARDS – Overall Male/Female, Masters Male/Female, Grand Masters Male/Female, and three deep awards in 15 age categories. Complete results will be available online within 24 hours at: www.btracetiming.com OR active.com. This race is part of the **Black Bag Race Series and the Clover Glove Race Series**.

PRIZES – Each registrant will be entered into a FREE raffle. Must be present to win.
A pizza gift card will be awarded to the team with the most "5K Runner" participants.

COURSE – Begin and end at Lakeview Academy (796 Lakeview Drive, Gainesville, GA 30501)

SHIRTS / REFRESHMENTS – Shirts guaranteed for in person participants who register by September 30th. Water stations set up on the course and at the finish. Refreshments included for post-race recovery.

QUESTIONS? – For sponsorships contact Carole Ausborn at caroleausborn@choicespregnancy.org registrations / general inquiries contact Sue Kaufman at 678-928-4360 / suekaufman@choicespregnancy.org

ONE ENTRY PER PERSON. \$30 through 9/30 - \$35 from 10/1 through race day - \$25/runner for teams of 4+. **PLEASE PRINT CLEARLY.**

Name _____ M/F Age ___ DOB _____ Phone _____ Email _____

Address _____ City/State _____ Zip _____ Church/Group _____

Emergency Contact: Name _____ Phone _____

Participant Category (circle one): 5K Runner Phantom Runner Virtual Runner - No shirt or awards provided

Shirts: Adult size (circle one): S M L XL XXL Child size (circle one): S M L

Waiver: By submitting this entry, I waive any and all claims for myself and my heirs against Choices Pregnancy Care Center officials, the City of Gainesville, Lakeview Academy, and event sponsors from injury or illness which may result directly or indirectly from my participation. I state that I am in proper physical condition to participate. I also give my permission for use of my name and picture in any media or other account of this event.

Signature: _____ Date _____ Parent/Guardian if under 16: _____ Date _____