

## Valdosta Middle School Academic Service Learning British Exchange 5 K Turkey Trot



<u>Course:</u> The event will begin and end in front of the VSU Student Recreation Center on 1300 Sustella Ave. Valdosta, GA 31698

<u>Date/Event Time:</u> Saturday, November 22nd

7:00-7:45 am REGISTRATION/NUMBER PICK-UP

8:00 5K WALK/ RUN

**Signature of Participant** 

## Registration and Entry Fee:

5K until November 1<sup>st</sup>, 2014: \$15.00 5K AFTER November 1<sup>st</sup>, 2014: \$20.00

5K AFTER November 15<sup>th</sup> and Race Day: \$25.00 Register by November 1<sup>st</sup>, 2014 to guarantee T-shirt.

## Register on line at: runningintheusa.com

Please make checks payable to "Valdosta Middle School ASL." Registration can be delivered or mailed to: Valdosta Middle School-ASL c/o Erin Roberts - 110 Burton Avenue - Valdosta, GA 31602.

<u>Timing and results provided by:</u> Finish line services provided by A Course/Line - complete results will be posted on runningintheusa.com along with other sites.

Immediately after 5K...Awards Overall male/ female and Top male/ female in each age group. Age groups: 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

CONTACT INFORMATION: Call or text 229-740-8838 or email <u>valdostamama@gmail.com</u>

Please print legibly and clearly-one entry per form-no refunds

<u>Official En</u>	try Form: 1	S-Shirts YM_	YL_	AS	AM_	AL_	AXL	
Name:						_ Phone:_		
	Last	First					Area Code and Number	
Address:								
	Number a	nd Street or P.	O. Box					
City:			State:			Zip		
_		1	Birth Date:		Male		Female	
In consideration for damages whi officers, agents, connection with of the event to use	of my entry being ich I may have or representatives, so my association wi se their discretion	which may accrue accessors, assigns, th or entry or part to have me transp	I to be legally against the Vand sponsors icipation in the orted to a med	bound and om MS Service for any and the Internation dical facility	Learning G all damages onal Fun Ru and I take	roup, the spor s or injuries w n. I f I should full responsib	heirs and executors, waive all right and claims nsors, or any subsidiary, its or their respective hich may be sustained or suffered by me in suffer injury or illness, I authorize the officials ility for this action. I attest and verify that I am e and understand that I am entering this event at	

Signature of parent or guardian

Date