



Choices Pregnancy Care Center Run For Life Virtual 5K Any Time Before 11:59 pm on October 17th, 2020



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

REGISTRATION - WWW.ACTIVE.COM

\$25 per person through race day / \$75 for family/team of 4 (limited to 4 members)

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

Mail in forms **MUST** be received by **Thursday, October 15th**, to assure race entry.

This race is part of the **Black Bag Race Series** and the **Clover Glove Race Series**.

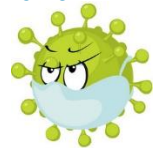
COURSE – Pick your course and track your results using any GPS, Bluetooth device, or running app. Several free apps are available including Map My Run and Runkeeper. Even 3.1 miles on your treadmill will count. There are **NO** course limitations. **Submit your time** to <http://tiny.cc/Choices5KTimes> before **11:59 pm, on Saturday, October 17th**.

T-SHIRTS – Shirts are guaranteed for participants who register by Thursday, October 15th. **NO** shirts will be given for registrations received after October 15th. Shirts will be available for pick up on Friday, October 23rd, from 3:00 pm to 6:00 pm at our Gainesville center or on Saturday, October 24th, from 10:00 am to 12:00 pm at our Flowery Branch center. Shirts not picked up on those two dates will be available for pickup by appointment only.

Choices Gainesville: 434 Green St. Pl. Choices Flowery Branch: 3458 Winder Hwy, Suite 120

Already hung up your racing shoes? Be a **Phantom Runner**. Fill out the form below and return it to Choices by Thursday, October 15th, to receive your official race shirt.

QUESTIONS? - For sponsorships or general inquiries, contact Sue Kaufman at: 678-928-4360 / Email: suekaufman@choicespregnancy.org



ONE ENTRY FORM PER PERSON. \$25 per person through race day - \$75 for family/team of 4. **PLEASE PRINT CLEARLY.**

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

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

Participant Category (circle one): Virtual 5K Runner Phantom Runner

T-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 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.

**Please send pictures of your run. We'd love to share in your virtual 5K experience!*

Signature: _____ Date _____ Parent/Guardian if under 18: _____ Date _____