



6th ANNUAL ST. PETER CHANEL 5K AND KIDS FUN RUN

SATURDAY, NOVEMBER 23, 2019

8:00 A.M. (KIDS RUN at 9:00 A.M.)

Benefitting Special Olympics Georgia

Registration is also available online on the official race website:

<https://spc5K.org/>

NO REFUNDS OR EXCHANGES ON RACE ENTRIES

REGISTRATION INFO

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/year)	Race Day Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number	Email	
<input type="text"/>	<input type="text"/>	
		Adult Tech Shirt Size (Unisex) Child Size not guaranteed
		S M L XL 2XL S M L

ADDITIONAL INFO

Number of prior 5Ks you have raced:

How did you hear about our race?
 Church Bulletin _____
 External Ad (where) _____
 Friend _____ Internet _____
 Race (Which one?) _____

WAIVER

LIABILITY/WAIVER: I _____ (please print) desire to participate in the St. Peter Chanel 5K. I realize that participation in this race carries with it certain risk and I fully assume any and all risks for my participation. Therefore, I, for myself, executors, administration, heirs, next of kin, successors, and assigns, waive and release St. Peter Chanel Catholic Church, Owner and/or Lessor of Premises where the Event is taking place, and anyone associated or affiliated with this event (The Releasees) from any and all claims, potential claims, damages, court costs and attorney fees that may arise from my participation in the event. Furthermore, I agree to indemnify and hold harmless the Releasees for any damages due to loss or destruction of my personal property while at the event, site or property. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Signature _____
MINORS MUST HAVE A PARENT'S SIGNATURE
ORDERS WILL NOT BE PROCESSED WITHOUT A SIGNED WAIVER

ENTRY FEES & PAYMENT (All entries are non-refundable and non-transferable)

<input type="checkbox"/> \$25 (Through November 11) <small>Postmarked by November 11</small>	<input type="checkbox"/> Free Kids Run (8-years old and younger)
<input type="checkbox"/> \$30 (November 12 – November 16) <small>Postmarked by November 12. If entry isn't mailed by November 12, must turn in registration at parish office or packet pickup</small>	
<input type="checkbox"/> \$35 (On-site registration race morning)	

Check or money order (Check or MO# _____) Credit Card (VI, MC or DISC)

Account Number	Expiration Date	CSV# (back of card)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Address		
<input type="text"/>		
Zip Code	Print Name on Card: _____	Signature _____
<input type="text"/>		

Mail entry to: Knights of Columbus, Council 13217 - St. Peter Chanel Catholic Church
 11330 Woodstock Road, Roswell, GA 30075 or FAX: 407-649-2072 or Email: 5K@KofC13217.org