



21st Annual Special Olympics Annual Run

Saturday, November 19, 2011
Hilsman Middle School



The 5K Special Olympics Annual Run has a new and updated course. SOAR is sponsored by many reputable businesses and all proceeds will go to the Clarke County Schools Chapter of Special Olympics. The race is open to runners, joggers, walkers and wheelchair participants of all ages.

COURSE: The 5 kilometer (3.1 mile) course will begin at Hilsman Middle School through Cedar Creek ending back at Hilsman. Finish line provided by **Classic Race Services**.

Age Categories			Registration		Schedule
(male and female)			Pre-registration	\$15	7:00am-Packet pickup and registration
10 & Under	30-34	55-59	by November 18 th		
11-14	35-39	60-64	Family special	\$45	8:30am-Race starts
15-19	40-44	65-69	(up to a family of 4)		
20-24	45-49	70 & over	Race day registration	\$20	9:30am-Door prizes and Awards presentation
25-29	50-54		No T-shirt option	\$10	
			Race day No T-shirt	\$15	

MAJOR SPONSORS: AMVETS Ladies Auxiliary #10, Athens BMW, Athens Regional Medical Center, Bell's, Chick-Fil-A of Beechwood, Locos Grill and Pub, Piedmont Impressions, Power Partners, Inc., Fritz Orthotics & Prosthetics LLC and Shirtworks, Inc..

SHIRTS: All participants will receive an **adult size, long-sleeved T-shirt**, guaranteed on race day to those pre-registered by November 18th, mailed to late registrants if race-day supply is exhausted.

AWARDS: **All pre-registered participants** will be entered in a drawing. Pottery awards to the first three finishers (male and female) in **age groups 15 and up**. Trophies to the first three finishers (male and female) in **age groups 14 & under**. Door prizes will be presented immediately following the race.

INFORMATION: Call the Race Directors, Julie Evans (706) 547-7721 ext. 18342 or Carole Black (706) 680-7223.

Last Name	First Name	Gender	Age	Birthdate
Number and Street		City		
State	Zip Code	T-shirt Size (circle one) S M L XL		

In consideration of your accepting this entry, I, the signee, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Special Olympics, Inc., or their sponsors, officials, workers, representatives, successors, assigns, for any and all injuries suffered by me in this event.

Amount enclosed \$ _____

(\$15 BY Nov. 18 or \$20 day of race, non-refundable), to:
SOAR 5-K
c/o Julie Evans
240 Shadow Moss Dr
Athens, GA 30605

Participants Signature
(if under 18, signature of parent or legal guardian)



ONLY ONE ENTRY PER FORM.
THIS FORM MAY BE PHOTOCOPIED.