



ST. JOE'S JOG 5K with One mile Fun Run



Sponsored by:



February 18, 2012

5K Race begins at 9:00AM Fun Run begins at 8:30AM



Athens Orthopedic Clinic
706-549-1663
www.AthensOrthopedicClinic.com



5K Awards: Awards for Overall M/F, Master M/F and Top 3 M/F, beginning with 15 to 19 through 75 and over.

Fun Run Awards: Trophies for 1st, 2nd, 3rd Place Male/Female 12 and under. Finisher's Medallion to all who finish the race. All ages are invited to participate.

Pre-Registration Fees: \$18 fee per person for 5K and Fun Run. Family rate is \$50 (pre-registration only). Pre-registration must be postmarked by February 09, 2012. Online registration at www.active.com. Results online at classicraceservices.com, coolrunning.com, runningintheusa.com and active.com. **Long Sleeve Tee shirts** are guaranteed to entrants registered by Thursday, February 9th and while supplies last to late registrants.

Late Registration Fee: \$20 for 5K and Fun Run. **Any entrant who registers after Thursday, February 9 including race day will only receive a Long Sleeve Tee shirts while supplies lasts.**

Packet Pick Up is at St. Joseph Catholic School on Thursday, February 16 from 2:00 PM – 4:00PM, Friday, February 17 from 4:00PM – 6:00PM and 7:00AM on race day. Walkers and strollers are welcome! Sorry, no dogs !

Directions: **5K event starts** on Childs Street, left on Barrow St, right on Barber St, left on Nantahala, left on Yonah Ave, left on Park Ave, right on Boulevard, right on Barber, left on Barrow, right on Childs to the finish line. **Fun Run** begins/ends on Child Street.

Race is part of the **Blackbag Race Series and Run and See Georgia Series.**

Rain or shine, the race will go on!



Please send this completed form with check payable to **Saint Joseph Catholic School, 134 Prince Ave., Athens, GA 30601, Attn: St. Joe's Jog.** For more information, please call Saint Joseph Catholic School at (706) 543-1621, ext. 12.

PLEASE PRINT

ST. JOE'S JOG ENTRY FORM

ONE FORM PER PERSON

Last Name _____ First Name _____ Age (race day) _____ M/F _____

Address (Number and Street) _____ Date of Birth _____

City _____ State _____ Zip _____ Phone _____

Email _____

Event: ___5K ___ Fun Run **Shirt Size (circle one)** YS YM YL S M L XL XXL (\$2.00 extra)

T-shirt only (one per form) _____ I cannot participate, but would like to support St. Joseph School in the amount of \$ _____!

or the St. Mary's Health Care System, Inc./Clute Barrow Nelson Center in the amount of \$ _____.

Waiver: I hereby for myself, heirs, executors, and administrators release the sponsors, workers/volunteers, officials, St. Joseph Catholic School, St. Joseph Catholic Church, Archdiocese of Atlanta and businesses with parking adjacent to the Annual St. Joe's Jog With One Mile Fun Run from all claims of injury or damages resulting from participation in these events. I realize these are strenuous events that require proper physical conditioning. I hereby certify that I am in proper physical condition to participate. I also give permission for use of my name and picture in any media or other account of this event.

Signed: _____ Date: _____ Guardian, must sign if under 18: _____