



HONORING ALL WHO SERVED

7th Annual Veterans Celebration 5K

Saturday, November 9, 2019

W. E. Knox Civic Center

161 West Clinton Street | Gray, Georgia 31032

RACE SCHEDULE Registration begins at 8:30 a.m.

Race Time 9:00 a.m.

ENTRY FEES Sign up before 10/25/19 for early registration rate!

T-shirts are guaranteed to pre-registered runners and will be available at check-in. T-shirts will be available on race day as supplies last and are NOT guaranteed for late registrants.

5K: Early Registration: \$20 | Late Registration: \$25

Family or Team: Save 25% on a 5K Family or Team!

Early Registration: \$15 each | Late Registration: \$20 each

Four or more registration forms must be received in the same packet. N/A on race day.

AWARDS Overall male and female, Masters male and female, 1st Veterans and top three male and female in standard age groups. The finish line management will be provided by Buddy Davis with complete results posted online at macontracks.com, robinspacers.com and georgiarunner.com.

RACE QUESTIONS Call Buddy Davis at (478) 491-2922

5K & FUN RUN

19th Annual Veterans Day Celebration

- 10:00 a.m. — 1:00 p.m.
- ◆ Classic Car Show
- ◆ Food Vendors—American Legion and Pilot Club
- ◆ Veterans Program at 12:00 noon
- ◆ Friends of the Library Book Sale
- ◆ Drawings for Chaptacular Wood Carvings - only Veterans will be eligible for these drawings

PLEASE FILL OUT THE FORM COMPLETELY. INCOMPLETE OR MISSING INFORMATION WILL DELAY PROCESSING.

Name _____

Address _____

City _____

State _____ Zip _____ Phone _____

Email _____

I'm signing up for: 5K 5K Team

I can't participate, but want to contribute by:

Buying t-shirt(s) at \$20 each (Phantom Runner)
Shirt size(s): S M L XL XXL

Sponsoring the event for \$50. Indicate sponsor name:

Making a donation in the amount of (no shirt):
 \$10 \$20 \$50 \$100 Other: \$_____

Total Enclosed: \$_____ (to: Jones County Veterans Memorial Fund)

Mail completed registration form with payment to:

Veterans 5K
PO Box 733
Gray, Georgia 31032

Questions? Call Allen Carr at (478) 743-4023 or Joy Carr at (478) 319-8209

MUST BE COMPLETED IF PARTICIPATING IN RACE

Race Type: 5K

Age: _____ Date of Birth: ____/____/____

Gender: Male Female

T-Shirt Size: __YS __YM __YL __S __M __L

__XL __XXL __No Shirt

Are you a Veteran: Yes No

If yes, what branch? _____

Waiver: *In consideration of acceptance of this application, I hereby waive any and all claims against Jones County Veterans Committee, hosts, sponsors, officials, volunteers, and any other parties involved with the Jones County Veterans 5K for injury and/or damage I may incur while participating in said event. I also give permission to use my name and/or photo in any media publication regarding this event.*

Signature: _____
(Signature of parent or guardian if participant is under 18)

Date: _____