

Stamp Out Poverty 5K.

Registrations: \$20 until Sept 29___, \$25 Regular___/ \$30 Day of___/ \$25 Students and Children ages 18-6___/ \$96__ Individual Family & Teams of Four___, \$25___Phantom, \$25 No-T Shirt and Children five and under are free and add \$5 for tee shirt.

Time: Check in starts @ 7:00am: Race/Walk starts at 8:00am.

Place: Carol's Park: Gray Courthouse Parking Lot.

Date: Oct 14th.

Awards: There will also be overall male/female awards. In the 5k/Walk, awards will be given for most distinguished, overall winner male/female, and age group awards three deep.

Proceeds will provide free clothing and hygiene kits for the underserved in our community.

T-shirt size: YM___YL___S___M___L___XL___2X (Add \$2)___ 3X(Add \$2)___

Name _____

Gender: M___F___ Age on race day___ Date of Birth___/___/___ Race: 1 Mile___ 5K___

City: _____ Address: _____

Phone (____)-____-____ Email: _____

Race Registration: \$___ Cash___ Check___ Additional Donations \$___ Total Enclosed \$___

Please make check payable to: Charity Benevolent Fund.

Signed entry form should be mailed to: Charity Benevolent Fund P.O. Box 1014 Gray, GA 31032.

Contact: Larry Manuel El cbf@mycbf.org Pl (478) 444-9781, Wl <http://mycbf.org>

Waiver Must be Read and Signed Before Mailing: In consideration of this entry being accepted, I hereby waive all claims for myself and my heirs against Charity Benevolent Fund, it sponsors, race officials, and volunteers for any illness, which may directly or indirectly result from my participation in these events. I further state that I am in proper condition to participate in the race. I give permission for free use of my name and picture in any broadcast, telecast, or any other visual, oral or written account of the event.

Applicant Signature Required Date (Parent Signature if Under 18