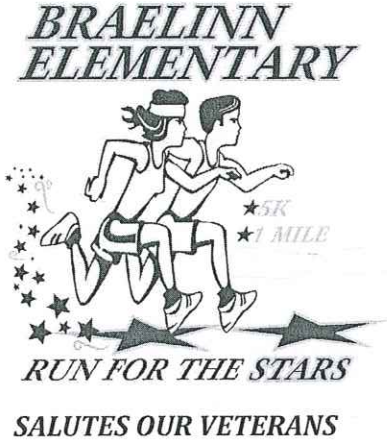


Braelinn Run for the Stars Salutes our Veterans! 5K and 1 mile race - Grand Prix Event

www.braelinnelementary.org

	<p>When: Saturday, November 6, 2021</p> <p>Time: 8:30 a.m. 1mile walk/run \$25 9:00 a.m. 5K \$25</p> <p>Where: Braelinn Elementary in Peachtree City, Georgia</p> <p>Race Day Registration \$25 in Cafeteria</p> <p>Registration Closes at 8:00 AM</p> <p>Course: 5K and 1 Mile begin and end at BES</p> <p>Awards: 5K - First 3 overall & age group awards for male & female 1 Mile - Overall and first 3 in each elementary grade level for male & female</p> <p>Packets: Will be sent home on Nov.5 with BES students or pick up on race day</p> <p>Parking: Golf Carts are best! Limited parking so get here early!</p> <p>No Frills - Run Only, no shirt \$15.00</p> <p>No shirt guarantee for applications received after October 22!</p>
<p>FCBOE families can register with your My School Bucks Account until 11/3/21 Mail registration form and payment to:</p> <p>Braelinn Elementary 975 Robinson Road Peachtree City, GA 30269</p> <p>Make checks payable to Braelinn Elementary</p> <p>For more information contact: Angie McClanahan mcclanahan.angie@fcboe.org</p>	

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Official Braelinn Run for the Stars Entry Form (Circle the event for each runner)

5K or 1 Mile Last Name _____ First Name _____ DOB _____ Sex _____ Grade _____ Fee _____

Shirt Size: (Circle one) YS YM YL AS AM AL AXL *A2X

5K or 1 Mile Last Name _____ First Name _____ DOB _____ Sex _____ Grade _____ Fee _____

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5K or 1 Mile Last Name _____ First Name _____ DOB _____ Sex _____ Grade _____ Fee _____

Shirt Size: (Circle one) YS YM YL AS AM AL AXL *A2X

Address _____ City, ST, ZIP _____

Phone _____ Email _____

Amount Paid _____ Check No. _____ (\$80 per family max (4) *Additional \$2 for these sizes

Race Waiver: I know that running a road race is a potentially hazardous activity that could cause injury or death. By my signature, I certify that I am medically able to perform this event and am properly trained. In consideration of this event, I waive any and all claims for myself and heirs against Braelinn Elementary School, the Fayette County Board of Education, Sponsors, and Volunteers of the Braelinn Run for the Stars for injury or illness which may result directly or indirectly from my participation in this event. I also give my permission for use of my name and/or picture in any account of this event.

Signature of Participant: _____ **Date:** _____

Signature of parent or guardian if participant is under 18 year old