28th Annual Kids II Strong Legs Run – Nov. 3, 2012

Presented by the Southeast Produce Council

Benefiting Children's Healthcare of Atlanta

Dear Friend of Children's Healthcare of Atlanta:

The 2012 Kids II Strong Legs Run will be held Saturday, November 3, 2012 at Turner Field. This annual event is in its 28th year and welcomes runners and walkers from across the Southeast.

We are expecting 3,500 – 4,000 runners and walkers to participate in the 10K run plus a 5K and 2K Fun Run & Stroller Roll and the 11th Annual Mascot Trot, the four events that make up the Kids II Strong Legs Run. We will need MANY volunteers to help with a wide variety of jobs before, during and after the events.

Your help as a volunteer will contribute enormously to our effort to raise money for Children's Healthcare of Atlanta.

On race day, volunteer jobs include assistance with the start and finish areas, as well as along the course. Other positions include registration, T-shirt distribution, food and water distribution and course breakdown. Your volunteer start time will vary dependent on your assignment.

Come out with a friend, family member, spouse, or co-worker and meet new people. **All volunteers will receive a FREE long-sleeved Kids II Strong Legs Run T-shirt**. **Breakfast from Chick-fil-A for all volunteers – beginning at 7:00am**. Fill out the form below indicating your job preference in order. Jobs are assigned on a first-come, first-served basis.

VOLUNTEERS MUST BE 16 YEARS OR OLDER.

Please return the volunteer form by **October 15, 2012**.

Please contact Michelle Bennett at michelle.bennett@choa.org with any questions or comments.

Thank you so much for your interest and your consideration.

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Volunteer Form

Please return completed from by Oct. 15, 2012 to: c/o Michelle Bennett,
Children's Healthcare of Atlanta
1687 Tullie Circle, Atlanta, GA 30329
OR Fax to 404-785-7377 **OR** E-mail to michelle.bennett@choa.org

___ Check here if you would like to be removed from the volunteer mailing list. In order for you to be removed, you must include your name.

Last Name_____ First Name_____

Street_____ Apt._____ City_____

State_____ Zip_____ Home Phone_____

Work_____ E-Mail Address_____

Male Female Date of Birth_____ T-shirt Size S___ M___ L___XL__
month/day/year

Organization Name:_____

Do you have any special needs that might prevent doing certain jobs? YES NO

If YES, please explain_____

Please number volunteer assignment in order of preference (assignments given on a first come, first served basis):

ALL volunteers will be on site by 7:00am.
You will be finished by 11:30am or 12:00 noon at the latest.

_____	**Water Stations** (Arrive by 6:30am)	_____	**Children's Area** (Arrive by 7:00am)
_____	**Finish Line** (Arrive by 7:00am)	_____	**Food Distribution** (Arrive by 7:00am)
_____	**T-shirt Distribution** (Arrive by 7:00am)	_____	**Registration** (Arrive by 6:30am)
_____	**Mascot Trot & Course Break Down & Clean Up** (arrival time 9:00am)	_____	**Timers** (Arrive by 7:00am)
_____	**Start Line/Information** (Arrive by 7:00am)	_____	**Anywhere I am needed most**

You will be contacted by someone from the Race Committee soon.
Mail or Fax this form – OR – e-mail to michelle.bennett@choa.org

-Thank You-