



Saturday, June 3, 2017
Benefiting Strong4Life
a movement of Children's Healthcare of Atlanta
www.choa.org/superhero

We would love to have you participate as a volunteer or as a runner/walker - this will be a "super" fun event

Dear Friend of Children's Healthcare of Atlanta:

The 2017 Strong4Life Superhero Sprint 5K and 1 mile fun run will be held Saturday, June 3, 2017 at Piedmont Park. This healthy fundraising event welcomes runners, walkers and families that want to come out for a fun morning and get moving.

We are expecting somewhere between 2000-3000 runners and walkers for this 5th annual event to participate in the 5K run, 1 mile fun run and costume contest. We 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 short-sleeved Strong4Life Volunteer t-shirt.** 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 **May 5, 2017.**

Please contact Molly Lawrence at Molly.Lawrence@choa.org with any questions or comments.

Thank you so much for your interest and your consideration.





Volunteer Form

Please return completed form by May 5, 2017 to:

Children's Healthcare of Atlanta - c/o Molly Lawrence
1577 Northeast Expressway, Atlanta, GA 30329
OR Fax to 404-785-7377 OR E-mail to Molly.Lawrence@choa.org

___ Please remove my name from your volunteer mailing list. In order for you to be removed, you must include your full name.

Last Name _____ First Name _____

Street _____ Apt. _____

City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____

E-Mail Address _____

Male ___ Female ___ Date of Birth _____
month/day/year

T-shirt Size S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

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.

- | | | | |
|-------|--|-------|---|
| _____ | Registration
(arrive by 6:30am) | _____ | Start/Line Information
(arrive by 7:00am) |
| _____ | Water Stations
(arrive by 7:00am) | _____ | Children's Area
(arrive by 7:00am) |
| _____ | Finish Line
(arrive by 7:00am) | _____ | Food Distribution
(arrive by 7:00am) |
| _____ | Shirt Distribution
(arrive by 7:00am) | _____ | Registration
(arrive by 6:30am) |
| _____ | Course Break Down & Clean Up
(arrival time 8:30am) | _____ | Timers
(arrive by 7:00am) |

_____ **Anywhere I am needed most**
(arrive by 7:00am)

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

-Thank You-