| <mark>Ple</mark>                                                                    | ease complete one form per pers                                                                                                                                                                                                   | son and                         |                                                                         | 0                                                                                           |                                              |                                                          | e                                      | ( million |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------|-----------|
|                                                                                     | S                                                                                                                                                                                                                                 | 0                               | OFFICIA                                                                 | <b>Superl</b><br>Al entry<br>30, 2020 p                                                     | FORM                                         | -                                                        | ţ                                      | ,         |
|                                                                                     | 5K Run/Walk 8:300AM                                                                                                                                                                                                               | • 1 Mile                        | Fun Run                                                                 | 8:45AM •                                                                                    | Award                                        | ls 9:45AM                                                |                                        |           |
|                                                                                     | EASE PRINT AND MAIL TO ADDRESS I<br>E CANNOT ACCEPT THIS APPLICATION                                                                                                                                                              |                                 | -                                                                       | -                                                                                           | US – TH                                      | IANK YOU,                                                | )                                      |           |
| OF                                                                                  | FICIAL ENTRY FORM (Check One                                                                                                                                                                                                      | <u>e)</u>                       |                                                                         |                                                                                             |                                              |                                                          |                                        |           |
|                                                                                     | 5K Adult - \$30<br>1 Mile Fun Run Adult - \$25<br>Sleep in Superhero - \$40                                                                                                                                                       |                                 | 1 Mile                                                                  | ld (12 & u<br>Fun Run<br>l Donatio                                                          | Child (                                      | 12 & und                                                 | er) - \$1                              | 5         |
| (En                                                                                 | ntry fees are non-refundable)                                                                                                                                                                                                     |                                 |                                                                         |                                                                                             |                                              |                                                          |                                        |           |
| Chil<br>c/o                                                                         | <mark>rong4Life Superhero Sprint</mark><br>Idren's Healthcare of Atlanta Foundati<br>9 Sports Network<br>95 NE Expressway, Suite 100 Atlanta, GA                                                                                  |                                 | nildren                                                                 | Emplo                                                                                       | yee ID _                                     |                                                          |                                        |           |
| Chil<br>c/o<br>3399<br>Ple<br>you                                                   | Idren's Healthcare of Atlanta Foundati<br>Sports Network<br>5 NE Expressway, Suite 100 Atlanta, GA<br>ease complete entire application<br>ur runner number. ( <i>Please print</i> )                                               | <mark>30341</mark><br>1. Incon  | nplete a                                                                | (For Ch<br>pplicatio                                                                        | aildren's<br>ONS Ma                          | employees<br>ay delay                                    | use only)<br>receipt                   |           |
| Chil<br>c/o<br>339:<br>Ple<br>you<br>Las                                            | Idren's Healthcare of Atlanta Foundati<br>Sports Network<br>5 NE Expressway, Suite 100 Atlanta, GA<br>ease complete entire application<br>ur runner number. <i>(Please print)</i><br>st Name:                                     | 30341<br>1. Incon               | <b>1plete</b> a<br>_ First                                              | (For Ch<br>pplication<br>Name:                                                              | nildren's<br>DNS Ma                          | employees<br>ay delay                                    | use only)<br>receipt                   |           |
| Chil<br>c/o<br>339:<br>Ple<br>you<br>Las<br>Ma:                                     | Idren's Healthcare of Atlanta Foundati<br>Sports Network<br>5 NE Expressway, Suite 100 Atlanta, GA<br>ease complete entire application<br>ur runner number. ( <i>Please print</i> )                                               | 30341<br>1. Incon               | <b>iplete</b> a<br>_ First                                              | (For Ch<br>pplication                                                                       | nildren's<br>DNS Ma                          | employees<br>ay delay                                    | use only)<br>receipt                   |           |
| Chill<br>c/o<br>339!<br>Ple<br>you<br>Las<br>Ma<br>City                             | Idren's Healthcare of Atlanta Foundati<br>Sports Network<br>5 NE Expressway, Suite 100 Atlanta, GA<br>ease complete entire application<br>ur runner number. <i>(Please print)</i><br>st Name:<br>iling Address:                   | 30341<br>a. Incon               | <b>iplete</b> a<br>_ First<br>P:                                        | (For Ch<br>pplication<br>Name:<br>Phon                                                      | nildren's                                    | employees<br>ay delay                                    | use only)<br>receipt                   |           |
| Chill<br>c/o<br>339:<br>Ple<br>you<br>Las<br>Ma<br>City<br>Em                       | Idren's Healthcare of Atlanta Foundati<br>Sports Network<br>5 NE Expressway, Suite 100 Atlanta, GA<br>ease complete entire application<br>ur runner number. <i>(Please print)</i><br>st Name:<br>st Name:<br>st Name:<br>y:State: | 30341<br>a. Incon<br>ZII<br>ZII | <b>plete</b> a<br>_ First<br>D:                                         | (For Ch<br>pplication<br>Name:<br>Phon<br>F                                                 | e: (                                         | employees<br>ay delay                                    | use only)<br>receipt<br>               |           |
| Chill<br>c/o<br>3399<br>Ple<br>you<br>Las<br>Ma:<br>City<br>Em<br>*Ag               | Idren's Healthcare of Atlanta Foundation<br>Sports Network<br>5 NE Expressway, Suite 100 Atlanta, GA<br>ease complete entire application<br>our runner number. <i>(Please print)</i><br>st Name:                                  | 30341  . InconZIIZIIZII         | plete a<br>_ First<br><br>:<br><br>are requi                            | (For Ch<br>pplication<br>Name:<br>Phon<br>F                                                 | nildren's<br>ONS ma<br>e: (                  | employees<br>ay delay                                    | use only)<br>receipt<br>               |           |
| Chill<br>c/o<br>3399<br>Ple<br>you<br>Las<br>Ma:<br>City<br>Em<br>*Ag<br>*We<br>Pre | Idren's Healthcare of Atlanta Foundati<br>Sports Network<br>5 NE Expressway, Suite 100 Atlanta, GA<br>ease complete entire application<br>ur runner number. <i>(Please print)</i><br>st Name:                                     | 30341                           | nplete a<br>_ First<br>D:<br>C:<br>C:<br>C:<br>M<br>are requir<br>LG XL | (For Chapplication<br>(For Chapplication<br>Name:<br>Phon<br><br>F<br>red in order<br>2X 3X | nildren's<br>ons ma<br>e: (<br>to tabu<br>4X | employees<br>ay delay<br>)<br>)<br>late the rac<br>Youth | use only)<br>receipt<br><br>e results. | <br>      |

Participant's signature

Date

Signature of parent (if runner is under 18) Date

SOUTHEAST Produce Council

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