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

Participant's signature

Date

Signature of parent (if runner is under 18) Date

SOUTHEAST Produce Council

0

