

10th ANNUAL JOYCE'S JOG 5K AND 1-MILE FUN RUN/WALK

SATURDAY, OCTOBER 15, 2016 @ PONDER ENTERPRISES, DOWNTOWN
208 EAST 3RD STREET (CORNER OF HWY 84 & HWY 91), DONALSONVILLE, GA

SCHEDULE Optional Packet Pick-Up: Friday Oct. 14th, 4:00-6:00 @ Ponder Enterprises

Race Day Registration/Check In: 6:15-7:15 AM

1 Mile Start 7:30 AM

5K Start 8:00 AM

REGISTER ONLINE AT <http://joycesjog.zapevent.com>

REGISTRATION FEES

RACE REGISTRATION or T-SHIRT ONLY postmarked by October 7 \$20

AFTER OCTOBER 7 \$25

RACE ONLY: (no shirt option) \$15

Please select N/A (RACE ONLY) for your Shirt Size below.

PROCEEDS BENEFIT BREAST CANCER RESEARCH –Thank you for your support!

AWARDS 1ST, 2ND, 3RD AGE DIVISIONS * 1ST OVERALL MALE & FEMALE * MASTERS MALE & FEMALE (40+)* GRAND MASTERS MALE & FEMALE (50+) *SEMINOLE COUNTY MALE & FEMALE * Age divisions: 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+ Finisher medal to children under 14 in the fun run only.

TEAM CHALLENGE The largest team will receive our team spirit award! Not all team members have to be registered together to be eligible for the award but make sure all members know your group/team name!

Name: _____ Birthday: ____/____/____ Age: _____

Street Address: _____ City: _____ State: _____

Email Address: _____ Gender (Circle): M F Phone: ____-____-____

T-Shirt Size (Circle): N/A (RACE ONLY) S M L XL 2XL 3XL Yth S Yth M Yth L

Event (Circle): 5K Run 1 Mile Fun Run T-Shirt ONLY Breast Cancer Survivor? (Circle): Y N

Seminole County Resident? Y N Donation: \$_____ Group/Team Name: _____

WAIVER: I waive any and all claims for myself and my heirs against officials and/or sponsors, the county of Seminole, the city of Donalsonville, the Donalsonville/Seminole County Chamber of Commerce, and the Harvest Festival Committee or the JOYCE'S JOG committee for injury or illness which may directly or indirectly result from my participation in the race. I further state that I am in proper physical condition to participate in this race.

PARTICIPANT'S SIGNATURE

PARENT /GUARDIAN IF UNDER 18 YRS

MAKE CHECKS PAYABLE TO JOYCE'S JOG AND MAIL TO JOYCE'S JOG, P. O. BOX 4512, DONALSONVILLE, GA 39845.

For more info, visit: WWW.JOYCESJOG.COM OR Contact Steffey Vines at 229-254-2867 or steffey@windstream.net

Name: _____ Birthday: ____/____/____ Age: _____

Street Address: _____ City: _____ State: _____

Email Address: _____ Gender (Circle): M F Phone: ____-____-____

T-Shirt Size (Circle): N/A (RACE ONLY) S M L XL 2XL 3XL Yth S Yth M Yth L

Event (Circle): 5K Run 1 Mile Fun Run T-Shirt ONLY Breast Cancer Survivor? (Circle): Y N

Seminole County Resident? Y N Donation: \$_____ Group/Team Name: _____

WAIVER: I waive any and all claims for myself and my heirs against officials and/or sponsors, the county of Seminole, the city of Donalsonville, the Donalsonville/Seminole County Chamber of Commerce, and the Harvest Festival Committee or the JOYCE'S JOG committee for injury or illness which may directly or indirectly result from my participation in the race. I further state that I am in proper physical condition to participate in this race.

PARTICIPANT'S SIGNATURE

PARENT /GUARDIAN IF UNDER 18 YRS

MAKE CHECKS PAYABLE TO JOYCE'S JOG AND MAIL TO JOYCE'S JOG, P. O. BOX 4512, DONALSONVILLE, GA 39845.

For more info, visit: WWW.JOYCESJOG.COM OR Contact Steffey Vines at 229-254-2867 or INFO@JOYCESJOG.COM

Name: _____ Birthday: ____/____/____ Age: _____

Street Address: _____ City: _____ State: _____

Email Address: _____ Gender (Circle): M F Phone: ____-____-____

T-Shirt Size (Circle): N/A (RACE ONLY) S M L XL 2XL 3XL Yth S Yth M Yth L

Event (Circle): 5K Run 1 Mile Fun Run T-Shirt ONLY Breast Cancer Survivor? (Circle): Y N

Seminole County Resident? Y N Donation: \$_____ Group/Team Name: _____

WAIVER: I waive any and all claims for myself and my heirs against officials and/or sponsors, the county of Seminole, the city of Donalsonville, the Donalsonville/Seminole County Chamber of Commerce, and the Harvest Festival Committee or the JOYCE'S JOG committee for injury or illness which may directly or indirectly result from my participation in the race. I further state that I am in proper physical condition to participate in this race.

PARTICIPANT'S SIGNATURE

PARENT /GUARDIAN IF UNDER 18 YRS

MAKE CHECKS PAYABLE TO JOYCE'S JOG AND MAIL TO JOYCE'S JOG, P. O. BOX 4512, DONALSONVILLE, GA 39845.

For more info, visit: WWW.JOYCESJOG.COM OR Contact Steffey Vines at 229-254-2867 or INFO@JOYCESJOG.COM