CITY OF HAHIRA





SATURDAY, NOVEMBER 3, 2018
NORTH LOWNDES PARK | SONNY RODGERS MEMORIAL DRIVE
HAHIRA, GEORGIA 31632

\$15 ON OR BEFORE OCTOBER 24TH \$20 AFTER OCTOBER 24TH

CHECK IN STARTS: 6:00 PM RACE STARTS: 7:00 PM

REGISTER EARLY TO BE GUARANTEED A RACE T-SHIRT

KIDS 10 & UNDER FREE

RACE WILL BE HELD RAIN OR SHINE / NO REFUNDS

More Information & Registration: www.hahiraga.gov/events Or call (229) 794-2330





CITY OF HAHIRA BACK THE BLUE - 5K GLOW RUN

SATURDAY, NOVEMBER 3, 2018 7:00 PM



WWW.HAHIRAGA.GOV/EVENTS

https://runsignup.com/Race/GA/Hahira/BacktheBlue5KGlowRun

Come glow with us and shine your light on Hahira! There will be no official times kept or awards given, but a great way to spend time with your family, friends and community.

Please print legibly and complete the entire entry form. More than one entry may be mailed together with the appropriate fees. Make all checks and/or money orders payable to the City of Hahira.

Fees are as followed:

\$15.00 – On or before October 24th (T-Shirt included) \$20.00 – After October 24th (T-Shirt NOT guaranteed) Free - Kids 10 & under (T-Shirt NOT guaranteed after October 24th)

Check In begins at 6:00 PM and race begins at 7:00 PM

| First and Last Name: | | | | | | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|----------------------------------------------|-----------------|--------------------|------------------|
| Date of Birth: | Male: Female | | | | | |
| Address: | | | | | | - |
| City: | | State: _ | | Zip Cod | e: | - |
| Telephone: () | | Email: _ | | | | - |
| T-Shirt Size (Shirts only g | guaranteed for th | ose registere | d by October 24 | th) | | |
| Youth S □ | Youth M 🗆 Y | outh L □ | | | | |
| Adult S □ | Adult M 🗆 💢 🕹 | Adult L □ | Adult XL □ | Adult XXL □ | Adult XXXL 🗆 | |
| Race Waiver: I, individual trained to participate in claims for myself and/or injury or illness that may | the aforemention my heirs against | ned event. In the City of Ha | consideration o | f my acceptance | of this entry, I w | aive any and all |
| Signature: | | | Date: | | | _ |
| Parent / Guardian Signa | ture, if under ag | e 18: | | | | _ |
| Send completed entry for | orms and payme | Attn: E | f Hahira Emily Davenport Church Street | | | |

Hahira, Georgia 31632



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