Walk of HEROes 5K Run/Walk

***H**elping to **E**nable **R**ecovery & **O**pportunity*

Saturday, September 11, 2010
Richardson Health Center
445 Winn Way, Decatur, GA 30030

Race Day Registration & Packet Pickup – 7:45 to 8:45 AM
5K – 9 AM Tot Trot – 10 AM

BENEFICIARY: Race proceeds benefit those receiving public mental health, developmental disabilities and substance addiction services from the DeKalb Community Service Board. **RAIN OR SHINE – NO REFUNDS**

REGISTRATION: Register early! Pre-registration is $10 for 5K Run/Walk and $5 for Tot Trot. Register by August 27 to be guaranteed a T-shirt!

- **Online** – http://www.active.com/running/decatur-ga/walk-of-heroes-5k-2010 to pay by Visa or Mastercard **(Closes Sept. 9)**
- **Mail-in** – Download registration form at http://www.dekcsb.org **(Must be received by Sept. 3 – do not mail after Sept. 1.)** Send form and a check payable to DeKalb CSB Foundation, Inc. and mail c/o Walk of HEROes, PO Box 1648, Decatur, GA 30031
- **Race Day Registration** – Fee is $15 for 5K and $5 for Tot Trot

RACE INFO: Ed Williams, 404.327.7738, roadraceservices@comcast.net, www.running4fitness.com
SPONSORSHIP INFO: DeKalb CSB – 404.508.7875, mpotter@dekcsb.org, www.dekcsb.org
AGE GROUPS/AWARDS: Overall male and female, Masters male and female, and 1st place in age groups.

ENTRY FORM – WALK OF HEROES 5K RUN/WALK

Make check payable to DeKalb CSB Foundation, Inc. and mail c/o Walk of HEROes, PO Box 1648, Decatur, GA 30031

Registration for: ☐ **5K Run** ☐ **5K Walk** ☐ **Tot Trot** Amount enclosed for registration fee: $

☐ I will walk as a Team Member. Please list Team name:

☐ I will form a team as Team Captain. Please send me a fundraising packet so that I can start raising money.

☐ I will run or walk as an individual – not part of a team.

☐ Additional Donation - I will not be able to run or walk but would like to make a donation. Or I am participating and in addition to my registration fee, I am enclosing a donation in the amount of: $

T-shirt Size: ☐ Small ☐ Medium ☐ Large ☐ XL
☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ XXL (XXL is $5.00 extra)

Name:	**Age:**
Email:	**Gender:** ☐ Male ☐ Female
Street Address:	**Apt. #**
City: State:	**Zip:**
How did you hear about the event?	**Phone:**

WAIVER: I, the undersigned, agree to indemnity and hold the DeKalb CSB Foundation and the DeKalb CSB harmless from all cost, liability arising out of my participation in the Walk of HEROes to benefit the DeKalb CSB Foundation. I do hereby waive all claims for damages or loss to me or my child's person or property which may be caused by any act, or failure to act by the Foundation, its officers, agents, or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage, or other liability from such event. Those under 18 must have form signed by a parent or legal guardian.

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Signature (parent/guardian for those under age 18) **Date**