

ABBA HOUSE RUN FOR RECOVERY

INAUGURAL RACE ON FORSYTH BIG CREEK GREENWAY

September 18, 2010

Park at Vickery Village 5920 Post Rd. Cumming GA.

10K: Arrival 6:30am Race 8:00am - 10:00am
Family Run/Walk: 10:00am-11:00am
Awards and Extravaganza: 10:00am-2:00pm

Registration
6:30a-7:30a



NORTHSIDE HOSPITAL
FORSYTH

Race Location

The race begins at Shiloh Woods and travels through Forsyth Big Creek Greenway before finishing at Vickery Village.

Course

We'll Shuttle you to the start

The fast and level course travels down a tree covered pathway along Big Creek. Pick up pre race packets Sept. 17th at
Totally Running 405 Peachtree Pkwy. Suite 105
Cumming GA 30041 (678) 341-8032

Registration

10K: \$25 per person Race Day \$35 per person
Family Fun Run/Walk: \$25 per person or \$40 per family
Register online at www.active.com. Call 678-208-2000 with questions.



RUN FOR RECOVERY ENTRY FORM

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Sex: M F Age: _____ Date of Birth: _____
Phone: _____ Email: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the sponsors, organizers, officials and volunteers of the above "Run for Recovery" for injury that may result directly or indirectly from my participation in this event. I further state that I am in proper condition to participate.

Signature (if under 18, parent/guardian must sign): _____

T-Shirt Size: Youth M L Adult S M L XL XXL (circle one)

Race: 10K: \$25 each Family Fun Run: \$25 each or \$40.00 per family (circle one)

Make entry fee payable and mail to: Abba House
6800 Dahlonega Hwy, Cumming, GA 30028

Registration Total: \$ _____ Additional Donation to Abba House \$ _____

Please complete one Entry Form for each participant



**Abba House is a place for WOMEN
with addiction and mental health issues to
find God's LOVE, PEACE, & a NEW LIFE.**

RUN FOR RECOVERY ENTRY FORM

First Name: _____ Last Name: _____ State: _____
Address: _____ City: _____
Zip: _____ Sex: M F Age: _____ Date of Birth: _____
Phone: _____ Email: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the sponsors, organizers, officials and volunteers of the above "Run for Recovery" for injury that may result directly or indirectly from my participation in this event. I further state that I am in proper condition to participate.

Signature (if under 18, parent/guardian must sign): _____

T-Shirt Size: Youth M L Adult S M L XL XXL (circle one)
Race: 10K: \$25 each **Family Fun Run:** \$25 each or \$40.00 per family (circle one)
Make entry fee payable and mail to: Abba House
6800 Dahlonega Hwy., Cumming, GA 30028

Registration Total: \$ _____ Additional Donation to Abba House \$ _____
Please complete one Entry Form for each participant

RUN FOR RECOVERY ENTRY FORM

First Name: _____ Last Name: _____ State: _____
Address: _____ City: _____
Zip: _____ Sex: M F Age: _____ Date of Birth: _____
Phone: _____ Email: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the sponsors, organizers, officials and volunteers of the above "Run for Recovery" for injury that may result directly or indirectly from my participation in this event. I further state that I am in proper condition to participate.

Signature (if under 18, parent/guardian must sign): _____

T-Shirt Size: Youth M L Adult S M L XL XXL (circle one)
Race: 10K: \$25 each **Family Fun Run:** \$25 each or \$40.00 per family (circle one)
Make entry fee payable and mail to: Abba House
6800 Dahlonega Hwy., Cumming, GA 30028

Registration Total: \$ _____ Additional Donation to Abba House \$ _____
Please complete one Entry Form for each participant

RUN FOR RECOVERY ENTRY FORM

First Name: _____ Last Name: _____ State: _____
Address: _____ City: _____
Zip: _____ Sex: M F Age: _____ Date of Birth: _____
Phone: _____ Email: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the sponsors, organizers, officials and volunteers of the above "Run for Recovery" for injury that may result directly or indirectly from my participation in this event. I further state that I am in proper condition to participate.

Signature (if under 18, parent/guardian must sign): _____

T-Shirt Size: Youth M L Adult S M L XL XXL (circle one)
Race: 10K: \$25 each **Family Fun Run:** \$25 each or \$40.00 per family (circle one)
Make entry fee payable and mail to: Abba House
6800 Dahlonega Hwy., Cumming, GA 30028

Registration Total: \$ _____ Additional Donation to Abba House \$ _____
Please complete one Entry Form for each participant

RUN FOR RECOVERY ENTRY FORM

First Name: _____ Last Name: _____ State: _____
Address: _____ City: _____
Zip: _____ Sex: M F Age: _____ Date of Birth: _____
Phone: _____ Email: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the sponsors, organizers, officials and volunteers of the above "Run for Recovery" for injury that may result directly or indirectly from my participation in this event. I further state that I am in proper condition to participate.

Signature (if under 18, parent/guardian must sign): _____

T-Shirt Size: Youth M L Adult S M L XL XXL (circle one)
Race: 10K: \$25 each **Family Fun Run:** \$25 each or \$40.00 per family (circle one)
Make entry fee payable and mail to: Abba House
6800 Dahlonega Hwy., Cumming, GA 30028

Registration Total: \$ _____ Additional Donation to Abba House \$ _____
Please complete one Entry Form for each participant

RUN FOR RECOVERY ENTRY FORM

First Name: _____ Last Name: _____ State: _____
Address: _____ City: _____
Zip: _____ Sex: M F Age: _____ Date of Birth: _____
Phone: _____ Email: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the sponsors, organizers, officials and volunteers of the above "Run for Recovery" for injury that may result directly or indirectly from my participation in this event. I further state that I am in proper condition to participate.

Signature (if under 18, parent/guardian must sign): _____

T-Shirt Size: Youth M L Adult S M L XL XXL (circle one)
Race: 10K: \$25 each **Family Fun Run:** \$25 each or \$40.00 per family (circle one)
Make entry fee payable and mail to: Abba House
6800 Dahlonega Hwy., Cumming, GA 30028

Registration Total: \$ _____ Additional Donation to Abba House \$ _____
Please complete one Entry Form for each participant

RUN FOR RECOVERY ENTRY FORM

First Name: _____ Last Name: _____ State: _____
Address: _____ City: _____
Zip: _____ Sex: M F Age: _____ Date of Birth: _____
Phone: _____ Email: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the sponsors, organizers, officials and volunteers of the above "Run for Recovery" for injury that may result directly or indirectly from my participation in this event. I further state that I am in proper condition to participate.

Signature (if under 18, parent/guardian must sign): _____

T-Shirt Size: Youth M L Adult S M L XL XXL (circle one)
Race: 10K: \$25 each **Family Fun Run:** \$25 each or \$40.00 per family (circle one)
Make entry fee payable and mail to: Abba House
6800 Dahlonega Hwy., Cumming, GA 30028

Registration Total: \$ _____ Additional Donation to Abba House \$ _____
Please complete one Entry Form for each participant