Thank you to our race sponsors:

*Ameri* Par

Let's thrive.

Your race registration supports the ELCA Malaria Campaign

**A child dies from malaria every 60 seconds...** Since the ELCA Malaria Campaign joined the global

movement to fight malaria, there has been a reduction in

raising \$15 million by 2015 to support work in companion churches in Africa. Total gifts have reached over \$9 million

**ELCA Malaria Campaign** 

God's work. Our hands.

**Evangelical Lutheran Church in America** 

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the number of deaths from this disease. But we, as Lutherans, are not done yet. The ELCA is committed to

S. Bruce O'Neal, DDS, PC

Family & Cosmetic Dentistry

DOCT

Thrivent Financial for Lutherans•

Your Community, Your I



Help us battle bugs and other causes of malaria at the Malaria Bites 5K hosted by Good Shepherd Lutheran Church. You can walk, jog, or stroll your way to the finish line. You don't even have to show up at all if you just want to be a "ghost runner" and grab the t-shirt.

Whatever you choose, your donation will save lives and help us reach our goal of \$15 million by 2015.

## Malaria Bites 5K Saturday, April 26

\$25 entrance fee before April 16 (\$30 after)

Start: Etowah High School 6565 Putnam Ford Road, Woodstock, GA 30189

Finish: Good Shepherd Lutheran Church (ELCA)

1208 Rose Creek Drive, Woodstock, GA 30189

## Race Day Registration at 7 a.m. Race Begins at 8 a.m.

Malaria Bites 5K technical shirt included with pre-registration by April

16 Goodie Bag for all participants

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## <u>Malaria Bites 5K Registration</u>

Online Registration at Active.com Details at www.gslutheran.org

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*Mail In registration* – Please make checks payable to "Good Shepherd Lutheran Church" and note "Malaria Bites 5K" on the check; send to Good Shepherd Lutheran Church, 1208 Rose Creek Dr., Woodstock, GA 30189. *Please Print* 

| Name:              |                  | Telephone: (      |   |
|--------------------|------------------|-------------------|---|
| Address:           |                  | City:             | State:                                  |
| Zip Code:          | Email:           |                   |   |
| Sex: M F           | Age on Race Day: | *Ghost Runne      | er - T-shirt Only:                      |
| Shirt Size: YM S M | L XL XXL         | *(Ghost Runner gu | aranteed a shirt if registered by 4/16) |

<u>Waiver and release of liability</u>: I affirm that I am physically fit for this race and I assume all risks associated with my participation in this event, including, but not limited to, the effects of weather, traffic, course, conditions and course surfaces, falls and contacts with other runners, spectators or volunteers. In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors, and assigns, all claims of any nature arising from my participation in the Malaria Bites 5K, and do hereby release the race committee, all sponsors, workers, officials, volunteers from any claim whatsoever arising from my participation in the event. I understand the risks for this race and have trained adequately to prepare for this event. I consent to the use of photographs of me in the event for any legitimate purpose, including publicity. Race will be held RAIN OR SHINE. Should the race be cancelled due to acts beyond our control, no refunds will be issued, my entry fee will be sent to the charities associated with this race.