



Dr. Bruce R. Miron
 CHIROPRACTOR
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Race Information

- Sunday, October 2, 2011 at 8am (Rain or Shine)
- Race begins and ends at Alpharetta's New Balance Store, located at: 7300 North Point Parkway, Suite 104A
- **DOGS** welcome and **STROLLERS** allowed-participants responsible for pet waste
- This is a Peachtree Road Race qualifier
- Participants will share roads with auto traffic but will have at least one lane coned-off to themselves
- \$20 for early registration (mailed by September 16, 2011); \$25 thereafter and on race day
- Net proceeds benefit worthy local animal shelters/organizations
- All pre-registered participants will receive a commemorative long-sleeved race t-shirt
- Awards will be presented to 1st Place M & F Overall as well as top three M & F finishers in each group: 10 and under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 and over

Race-day Family Activities

- Tot Trot: For kids of all ages! Begins once the race is complete in the parking lot.
- Dress your dog costume contest: compete for the best-dressed costume award!

Questions and Additional Information

- Call: Kristen Rodes at Jones Bridge Animal Hospital 770-410-0044
- Email: jonesbridgevet@gmail.com or visit: www.jonesbridgevet.com

Mail or bring check and entry form to: Jones Bridge Animal Hospital, 11450 Jones Bridge Road, Johns Creek, GA 30022
 ~or~ Sign up online at www.active.com

Entry Form

First Name: _____ Last Name: _____

Age: _____ Sex: _____ T-Shirt Size: _____ S _____ M _____ L _____ XL

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Daytime Phone #: _____ Emergency Contact#: _____

RELEASE FORM: Upon acceptance of this entry form, I waive any and all claims for myself and my heirs against officials and sponsors of the Jones Bridge Animal Hospital Stray Dog Strut for injury of illness from my direct or indirect participation. I also grant permission to use any photographs or other promotional record of this event for any legitimate reason.

Participant Signature _____ Date _____ Guardian (if under 18) _____ Date _____