



Partners for Care - Presents our Third Annual

2011

“what if?”

5K Run

Brook Run Park, Dunwoody, GA ~ Saturday, November 5 - 8:00 am

All funds raised will be used by Partners for Care to support our HIV/AIDS and community health initiatives within Kenya. Partners for Care is an Alpharetta-based 501(c)(3) non-profit organization that focuses on community health and preventable diseases in Kenya.

Featuring Kenyan handcrafted art for awards!



REGISTRATION FEE - ENTRY FEE INCLUDES A PREMIUM LONG-SLEEVED SHIRT

Registration until October 25: \$25.00 After October 25: \$30.00

AWARDS

Handcrafted art from Kenya will be featured for the race’s awards. Additional African merchandise will be available for purchase at the race.

REGISTRATION METHODS

Register online at <http://run.partnersforcare.org/> or mail in this registration form.

LOCATION

Onsite registration and race number pickup begins at 6:00 am, at the front of the Park, which is located at 4770 North Peachtree Road.

SPONSORSHIP

Race sponsorships are still available. If interested in supporting this race, please contact David Gruber, at 678.386.2028 or david@partnersforcare.org.



2011 “what if?” 5K - REGISTRATION FORM

Name: _____

Address: _____

Email: _____

Age on Race Date: _____ Sex: _____

T-shirt Size: (circle one) S M L XL

Waiver

In consideration of this entry, I my heirs and administrators, hereby assign release of Partners for Care, City of Dunwoody, and all other sponsors, promoters, managers, directors, officials, agents, employees, and volunteers of the 2011 “what if?” 5K Race from any and all claims of injury, illness, or damages suffered by me as a result of my participation in, traveling to, or traveling from this event. I realize that this is a strenuous event that requires proper physical conditioning. I hereby certify that I am in such physical condition and good health. I know that although police protection will be provided, there will be traffic on the course. I assume the risk of running in traffic. I give my permission for the free use of my name and picture in any written account, broadcast, or telecast of this event.

Signature _____

Guardian _____
(if runner under 18)

Please send this registration form with check payable to:
“Partners for Care”
2001 Breckenridge Lane
Alpharetta, Georgia 30005