

Frostbite 5K Fun Run



St. Paul Lutheran School
Annual Frostbite 5K and 1 Mile Walk/Run
9 AM, Saturday, January 12, 2008
www.frostbite5k.org

Part of the Peachtree City Rotary Club Elementary School Grand Prix Series

Location - St. Paul Lutheran School, 700 Ardenlee Parkway, Peachtree City, GA 30269

Registration - Pre-registration is \$15.00 if received by December 15th, 2007. Registration received after December 15th through race day is \$20.00. Drop off or mail forms and payment to St. Paul Lutheran School. Or you can register online at www.frostbite.org. Can't be there?? Please register as a phantom runner and still receive a T-shirt.

Awards - Awards for the top 3 male/female finishers for the 5K as well as awards for the top 3 male/female in each of the 17 age groups for the 5K. Each person completing the 1 mile walk/run will receive a ribbon.

T-Shirt - Great quality long-sleeve T-shirt guaranteed to all pre-registered entrants. Available on race day while supplies last.

Packet Pickup/Pasta Dinner - Please join us Friday, January 11th from 4 pm – 7 pm for a Youth Group Sponsored Pasta Dinner. Please check below to *RSVP* for the Pasta Dinner.

Course – The race starts and finishes in the lower-level school parking lot.

Race Day Parking - Parking is available at Crabapple Elementary, 450 Crabapple Lane, Peachtree City, GA, with complimentary golf cart shuttle to the starting line.

Race times - The 5K starts at 9:00 am and the 1 mile walk/run starts at 9:10 am.

Questions? - Please contact the Race Director - Jamie Arion at jarion@juno.com or call St. Paul Lutheran School at 770.486.3545

Refreshments and Door Prizes will be available for all participants following the race. You must be present to win.

Circle Race

5K / 1-M / Phantom Last Name _____ First Name _____ DOB _____ Sex ____ Pasta ____ Fee: ____
 5K / 1-M / Phantom Last Name _____ First Name _____ DOB _____ Sex ____ Pasta ____ Fee: ____
 5K / 1-M / Phantom Last Name _____ First Name _____ DOB _____ Sex ____ Pasta ____ Fee: ____
 5K / 1-M / Phantom Last Name _____ First Name _____ DOB _____ Sex ____ Pasta ____ Fee: ____
 Address _____ City _____ State ____ Zip _____
 Daytime Phone _____ Email _____

Long-sleeve T-shirt Size (enter quantity) ____ YS ____ YM ____ YL ____ AS ____ AM ____ AL ____ AXL ____ AXXL	Total Amt Paid \$ _____ Check No. _____ Cash _____
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Race Waiver : I know that running a road race is a potentially hazardous activity that could cause injury or death. By my signature, I certify that I am medically able to perform this event and I am properly trained. In consideration of this entry, I waive any and all claims for myself and my heirs against St. Paul Lutheran School, the City of Peachtree City, Race Officials, Sponsors, and volunteers of the Frostbite 5K for injury or illness which may result directly or indirectly from my participation in this event. I also give my permission for the use of my name and/or picture in any account of this event. No refunds. Race will be held shine, snow, or sleet.

Runner's Signature (required) _____ Date _____ E-Mail _____
 (Parent or Guardian if under 18)

Please make check payable to: St. Paul Lutheran School — Memo: Frostbite 5K
 Mail to : Jamie Arion, St. Paul Lutheran School , 700 Ardenlee Parkway, Peachtree City 30269



"I run my life for Him."