



**Clarke Middle School PTA
presents the 9th annual**

Owl Flight 5K Run/Walk

**to benefit Clarke Middle
School.**

**Saturday,
September 23, 2017 8:30AM**

**Clarke Middle School
1235 Baxter St., Athens, GA**

**This neighborhood course starts and
finishes at the sports fields off Dudley St.
Parking is available at CMS Alps Rd. and
Baxter St. parking lots.**

**Registration until 9/11:
\$12 CMS students
\$15 Individual
\$40 Family
*Additional entry forms on back***

**Registration after 9/11:
\$17 CMS students
\$20 Individual
*Family rate not available after 9/11***

**Race packets may be picked up
7:30-8:15 on race day at the
Baxter St. parking lot.**

**T-Shirts are guaranteed to all
participants registered by 9/11 and
while supplies last on race day.**

**Awards:
Awards to overall and master's male/
female winners, and top three in
each age group.**

**Make checks payable to:
CMS PTA 5K**

**Mail to:
CMS PTA - c/o Clarke Middle School
1235 Baxter Street
Athens, GA 30606**

Registration also available online at:



**Registration form available at:
Classicraceservices.com**



**Questions?
Interested in volunteering?
Contact Tad MacMillan:
macmillt@clarke.k12.ga.us**

Name _____

Address _____

City _____ State _____ Zip _____

M or F Grade _____ Homeroom Teacher _____

Age _____ Birth date ____/____/____ Phone _____

Shirt size: Adult S / Ad M / Ad L / Ad XL / Youth S / Youth M

CMS student, early registration \$12.00 / after 9/11 \$17.00 \$ _____

Individual early registration \$15.00 / after 9/11 \$20.00 \$ _____

Family registration ONLY available until 9/11 \$40.00 \$ _____

Each family member MUST have a form filled out with a signature.

*I would like to donate \$ _____ to support CMS students who might
otherwise not be able to participate in the 5K race.*

Total amount included \$ _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, sponsors, hosts, or any person or persons in conjunction with the 2017 CMS 5K Run. I understand that running a race is strenuous and I am in proper physical condition to participate in this event. I also give permission for use of my name and photograph in any media or other account of the race.

Signature (if under 18, parent / guardian) _____

Date _____

2. Name _____

Address _____

City _____ State _____ Zip _____

M or F Grade _____ Homeroom Teacher _____

Age _____ Birth date ____ / ____ / ____ Phone _____

Shirt size: Adult S / Ad M / Ad L / Ad XL / Youth S / Youth M

Family rate registration is only available until 9/12.

Each family member MUST have a form filled out with signature

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, sponsors, hosts, or any person or persons in conjunction with the 2017 CMS 5K Run. I understand that running a race is strenuous and I am in proper physical condition to participate in this event. I also give permission for use of my name and photograph in any media or other account of the race.

Signature (if under 18, parent / guardian) Date

3. Name _____

Address _____

City _____ State _____ Zip _____

M or F Grade _____ Homeroom Teacher _____

Age _____ Birth date ____ / ____ / ____ Phone _____

Shirt size: Adult S / Ad M / Ad L / Ad XL / Youth S / Youth M

Family rate registration is only available until 9/12.

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Signature (if under 18, parent / guardian) Date

4. Name _____

Address _____

City _____ State _____ Zip _____

M or F Grade _____ Homeroom Teacher _____

Age _____ Birth date ____ / ____ / ____ Phone _____

Shirt size: Adult S / Ad M / Ad L / Ad XL / Youth S / Youth M

Family rate registration is only available until 9/12.

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