

COLLINS DIXON

BEND YOUR KNEES 5K

JULY 20TH 8:00AM

**FIGHT AGAINST PEDIATRIC
BRAIN TUMORS...LET YOUR
SON SHINE!**



LOCATION:



**1 MISSION POINT
CANTON, GA**



THE MCCAMISH GROUP, LLC

North GA CPA Services, PC

Collins lived fully while battling a rare and aggressive cancerous brain tumor. His faith, strength and courage inspired those who loved him and even those that didn't know him. Please join us in celebrating his birthday and honoring his life while bringing awareness to a disease that is the 2nd largest cause of death in our precious children. Let's **FINISH STRONG!** for children battling Brain Tumors!

Cause: The proceeds will benefit the Bend Your Knees Foundation to provide support to families of a child with a brain tumor.

Course: The races will start and finish at the First Baptist Church of Canton. The course is an out and back run on paved streets.

Refreshments: There will be plenty of fluids and snacks provided after the race.

Awards: \$50 Cash Prize to Overall Male/Female Winners if they are adults (Cash will be given to Masters Winners if youth are overall). Awards given for Masters Male/Female and top three in age groups 10 and under through 75 and over.

Interested in Sponsorship: Contact Bob Dixon @ 404-271-1360 for Tax Exempt Sponsorship Opportunities!

Registration: 5K registration fees are \$25 per person before July 4th. \$35 per person after July 5th and on race day.

Everyone who pre-registers guaranteed a tee shirt. Shirts will be given while supplies last for race day registrants.

By mail—Completed registration form and check made payable to Bend Your Knees 5K can be mailed to: Collins Dixon Bend Your Knees Inc., 5K Race, 304 Towne Overlook Circle, Canton GA. 30114

Online active.com Search: 8th Annual Bend Your Knees 5K.

Spirit Team: Enter the local High School or Organization you are running to support.

Want to Volunteer? Call 404-271-1360 for more information!

Name: _____ Spirit Team: _____ (please print)

Address: _____ City _____ St _____ Zip _____

Email: _____ Phone: _____ Age: _____

DOB: ___/___/___ Gender: M / F (circle one) 5K Run ___ Ghost Runner ___

Youth Tee Shirt Size (circle one): YS YM YL YXL Adult Tee Shirt Size (circle one): S M L XL 2XL 3XL

Waiver: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials and sponsors of the Bend Your Knees Foundation, Bend Your Knees 5K, First Baptist Church of Canton for injury or illness, which may result directly or indirectly from my participation. I further affirm that I am in proper condition to participate in this event. I also give permission for my name, likeness and photograph to be used in this and future events.

Date: ___/___/___

Participant signature (under 18—parent's signature required)

