



Health Meets Hope  
**5K RUN & WALK**  
 CLASSIC CITY CARES 2024  
**SUNDAY, MAY 19, 2024**  
**3:00PM - 5:00PM**  
 VIRGINIA WALKER PARK  
 200 TRAIL CREEK STREET ATHENS, GA 30601

The mission of Friends of Advantage (FOA) is to enhance the lives of people served by Advantage Behavioral Health Systems by expanding knowledge and resources beyond those provided by families, government, grants, or insurance. FOA is more than a recipient of funds; we actively seek to host events, approach new donors, build membership and, most importantly, connect those in need with those who have a passion to help.

**Join us to raise awareness for mental health and enjoy an afternoon of family-friendly activities, along with food and drinks.**

**5K REGISTRATION:** \$25.00 includes a T-shirt, if registered by May 1 to receive a T-shirt \$30.00 on race day, T-shirts available while supplies last.  
 Registration begins at 2:30pm. 5K begins at 3:00pm

**T-SHIRT SIZE** Youth SM  MED  Adult SM  MED  LG  XLG  XXLG  3XL

**AWARDS:**  
 Awards will be given to Overall Male and Female, Masters Male and Female and 1st, 2nd, 3rd place Male and Female in standard 10-year age groups from 10 and Under to 80 and Over.

**RESULTS:**  
 Results will be available at [www.classicraceservices.com](http://www.classicraceservices.com) within 24 hours of the event.

**QUESTIONS:**  
 Tammy Dalton, [Tammy.Dalton@advantagebhs.org](mailto:Tammy.Dalton@advantagebhs.org) or Carole Black, [classicraceservices@gmail.com](mailto:classicraceservices@gmail.com)

- REGISTER USING EITHER OF THESE EASY WAYS:**
1. Online at: [www.classicraceservices.com](http://www.classicraceservices.com) or [www.runsignup.com](http://www.runsignup.com)
  2. By mail - Complete registration form and mail no later than May 1 to:  
 Health Meets Hope Athens, c/o Classic Race Services  
 1860 Barnett Shoals Road, Suite 103-498, Athens, GA 30605

**MAKE CHECK PAYABLE TO: FRIENDS OF ADVANTAGE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F

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 Health Meets Hope 5K Run/Walk sponsored by Friends of Advantage Behavioral Health for injury or illness, which may result directly or indirectly from my participation. I further state that I am in proper condition to participate in this event.

\_\_\_\_\_  
 Participant signature (if under 18 - parent's signature is required) \_\_\_\_\_  
 Date

