



arrogressive™
5K Trail Run/Walk 2020

ENLF
EDUCATIONAL NEXT LEVEL FUNDING, INC.
Rockdale Emergency Relief

Georgia International Horse Park
1996 Centennial Olympic Parkway • Conyers, GA 30013

October 10, 2020
7:00 AM - Package Pick-Up
7:45 AM - Pre-Race Program
8:05 AM - Pre-Race Warm-Up
8:30 AM - Race Start

Register Now! Be a part of the exciting arrogressive™ 5K Trail Run/Walk 2020! A combination of terrains will accommodate all levels of runners and walkers...**so get ready!** A portion of the proceeds will benefit Educational Next Level Funding, INC. and the Rockdale Emergency Relief.

REGISTRATION & T-SHIRTS

- \$25 Registration through April 30
 - \$30 Registration May 1 through September 30
 - \$35 Registration October 1 through Race Day*
- *To be guaranteed a T-Shirt, registration and funds must be received before September 20, 2020.

Register at www.arrogressive.net. Registration fees are non-refundable.

TEAMS: Create a team and compete for the “most participants” Team Recognition Award. Include team name at the time of registration (a minimum of 12 members per team). Team registration deadline is September 20, 2020.

AWARDS: Awards will be presented to 1st, 2nd, 3rd, 4th and 5th place overall winners.

FOR QUESTIONS: E-mail a2z@arrogressive.net

A2Z IMPRINTS, INC. • Anita Farmer - Race Director
a2z@arrogressive.net • www.arrogressive.net

ar-ro-gres-sive (ăr-ə-grēs-iv) *adj.* 1. Positive attitude approach to all challenges
2. Asserting self-confidence with a mission of achieving successful results

2020 Mail-In Registration Form

arroggressive™ 5K Trail Run/Walk 2020
P. O. Box 130
Red Oak, GA 30272

Make checks payable to **Educational Next Level Funding, Inc.**
(Please note "arroggressive™ 5K Trail Run/Walk 2020" on your check)

NAME: _____

OCCUPATION (optional): _____

AGE: _____ DOB: _____ Male Female

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

TEAM NAME (if applicable): _____

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T-SHIRT SIZE (please circle size):

ADULT: S M L XL (Add \$2 - 2XL 3XL)

Amount \$ _____

Cash/Check# _____

Waiver: I waive any and all claims for myself and my heirs against officials, vendors, sponsors, hosts, volunteers, participants, or any person(s) associated with A2Z IMPRINTS, INC., arrogant™ 5K Trail Run/Walk 2020, Educational Next Level Funding, Inc., Georgia International Horse Park, or Runners Fit Race Works for injury or illness which may directly or indirectly result from my participation in this event. I fully understand that running can be challenging (mentally and physically), and I am in proper mental and physical condition to participate in this 5K Run/Walk. I also give permission for use of my name and photograph to be used in any media or other account of this event.

Signature: _____ Date: _____
(under 18, parent or guardian signature required)



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