



# The Immaculate Heart of Mary Catholic School

## Soaring Eagle Road Race

**Saturday, April 28, 2018 7:30 AM**  
**5K, 1K, and Tot Trot**

**COURSE:** The Soaring Eagle Road Race is open to the entire community! This neighborhood road race will start and end at IHM School: 2855 Briarcliff Rd NE, Atlanta, GA 30329. Walkers, leashed dogs, and strollers are welcome.

**REGISTRATION FEE:** 5K - \$25   1K - \$15   Tot Trot - \$10   Ghost Runner - \$25 (I'd love a shirt but don't want to run)

Easy registration via SchoolSpeak (for IHM school families) or via [active.com](http://active.com) or use form below.

**EARLY PACKET PICK-UP:** IHM Historic Church Friday, April 27 7:00AM – 8:00AM and 3:00PM – 6:00PM.

**AWARDS:** Stay for the post-race party on the IHM back field. 5K awards for overall and age group winners. 1K and tot trot finishers receive a participation ribbon. All pre-registered will receive a Soaring Eagle Road Race T-shirt.

**QUESTIONS:** Contact Jennifer Prindiville, [jwprindiville@gmail.com](mailto:jwprindiville@gmail.com) or Jessica Dykes, [jessicagykes@gmail.com](mailto:jessicagykes@gmail.com)

### SOARING EAGLE ROAD RACE PAPER ENTRY FORM

NAME \_\_\_\_\_ MALE  FEMALE  AGE (as of race day) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RACE:            5K                             1K             Tot Trot             Ghost Runner

T-SHIRT:   Adult Small    Adult Medium    Adult Large                             Adult XL

                 Youth Small    Youth Medium    Youth Large

**WAIVER & RELEASE:** In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, volunteers, and/or sponsors of the Soaring Eagle Road Race for any injury or illness which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate in this event. (If under 18 years of age, Waiver & Release must be signed by a parent and/or legal guardian).

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL APPLICATION WITH REGISTRATION FEE CHECK MADE PAYABLE TO:** Immaculate Heart of Mary Catholic School  
Attention: Major Fundraising 2855 Briarcliff Road NE Atlanta, GA 30329