

THIS RUN IS A BEACH!



# On the Half Shell

## HALF MARATHON

PEOPLE HELPING PEOPLE!

Name \_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_\_\_

Age (On race day) \_\_\_\_\_

Event (Please Circle)-

1/2 Marathon    5K    Kiddie Run

Military Division: Yes    No

Military Branch \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Mail forms to Fleet Feet Sports Savannah

3405 Waters Ave, Savannah, GA 31404

Make checks to: Lowcountry Autism Foundation Inc.

All participants will need to sign a waiver at the race.