



10th Annual Spooktacular Chase: Oct. 13, 2018

All proceeds of this 10th annual event support the life-changing services provided by Vision Rehabilitation Services of Georgia (VRS) to individuals of all ages who are blind or visually impaired across 31 counties of North Georgia. Get those broom sticks and costumes ready!

Chaser Information

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: (____) _____ - _____

Date of Birth: ____/____/____ Male Female

Email: _____@_____._____

	Registration Fee	Registration fee as of July 5 th	Registration fee as of Oct 13th
<input type="radio"/> 5K Individual	\$30	\$35	\$40
<input type="radio"/> 10K Individual	\$35	\$40	\$45
<input type="radio"/> 5K Team Chaser	\$30 – Name of Team* Joining:		
<input type="radio"/> 10K Team Chaser	\$35 – Name of Team* Joining:		
<input type="radio"/> Phantom Chaser	<input type="radio"/> Individual -\$30 <input type="radio"/> Team-\$30 Name of Team* Joining:		

* **Team Information:** 10 or more qualifies as a team. Either indicate team name you're joining OR if forming a new team advise of Captain's name here: _____.
Form a team of 25 or more by Sept 30th & get your logo on the 2018 race shirt!

Race Shirt & Brunch Info: (Shirt included in registration, except for 1K)

ADULT: XS S M L XL 2XL YOUTH: YS YM YL YXL

Please indicate if additional shirt purchase is desired at \$15 each (\$17 for adult XL):

ADULT: XS S M L XL 2XL YOUTH: YS YM YL YXL

Registration includes complimentary chaser's brunch 9:30 – Noon following the chase, just show

Liability Waiver

(Every registrant or their guardian must SIGN)

I hereby waive all claims against Vision Rehabilitation Services of GA in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____ Date: ____/____/____

Authorization is hereby given to VRS to charge to my credit card account:

Please circle one: VISA MASTERCARD AMEX

Card-Holder Name: _____

Card #: _____ Exp date ____/____

CVV _____ Please indicate Amount to be charged: \$ _____

Card-Holder Signature: _____ Date: _____



www.vrsga.org

VRS is a 501(c)(3) not for profit organization

Please make checks payable to VRS & mail with form to:
Spooktacular Chase
C/O Vision Rehabilitation Services of GA
3830 South Cobb Drive, Suite 125
Smyrna, GA 30080