



Saint Bernadette Knights of Columbus Council 16534
Sixth Annual 5K /10K Run and Relay for the Nuns
Saturday, November 21, 2026

After expenses, most of the proceeds will support the Sisters Poor of Jesus Christ!

TIME: 5K/10K Run/ and 1 Mile Walk/Run. Begins at 9:00 a.m. Race day registration begins at 8:00 a.m.

LOCATION: Race will begin and end at the Cedartown Welcome Center (Depot) 601 S. Main Street and will follow western Silver Comet Trail, a beautiful nature route.

ENTRY: Early registration through 5:00 p.m., October 9 \$25 per individual. Family and Relay Team

Discount: \$25 for first family/relay member and \$15 for each additional family/relay member living in the same household. **Early registration guarantees T-shirts for each runner/walker.**

Race Day: \$30 per individual. Family/Relay Discount: \$30 for the first family/relay member and \$20 for each additional family/relay member living in the same household.

Runners and walkers can be sponsored for each mile/kilometer.

NO REFUNDS: RACES WILL BE HELD RAIN OR SHINE.

ENTRY FORM Select one: 5K____ 10K____ 1 Mile Walk/Run ____

Virtual__ Relay Team Name____ Team Members____

Sponsor a Runner Yes__ No__ Runner's Name____ How much?____

(\$25 Early Registration minimum for a T-shirt or \$30 Race Day Registration)

Name____ Age as of: 10/10/2026____

Address____

City____ State____

Email address____

Organization (if applicable)____

Circle: Adult: Circle T-shirt size: 2XL, XL, L, M, S,

Circle: Youth Circle Size: Large Medium

Waiver: Every entrant or parent/legal guardian of entrant must sign. In consideration of this entry, I waiver any and all claims for myself and my heirs against officials or sponsors, hosts or benefactors of the 5/10K Run for the Nuns regarding injury or illness which may result directly or indirectly from my participation in this event. I understand that participation in this event can be hazardous. I am in proper physical condition to participate.

Runner's Signature:____ **If applicable (under 18), parent's signature:**____

Family Groups: Each family member must have a separate waiver.

SEND COMPLETED ENTRY FORM AND REGISTRATION FEE

Make check payable to St. Bernadette Knights of Columbus Council 16534

c/o 479 M. Sanders Road, Buchanan, GA 30113

For more information, please email ely.elefante@att.net or call 770 265-1932.