

Reflections Psychotherapy, LLC

Alicia M. Gregory

Licensed Marriage & Family Therapist

Phone Number 478-491-1991



*If you or someone you know has been
victimized, help is available!*

Crisis Line & Safe House

478-745-9292



3rd Annual

Phoenix Rising

5K & 1 Mile Fun Run

Supporting sexual assault victims in their growth from Victim to Survivor

Gray, Georgia – Saturday, April 11, 2015 at 6:00PM

- COURSE:** Begins and ends at Reflections Psychotherapy, LLC, 111 Dolly Street, Gray, Georgia.
The 5K and Fun Run begin at the same time, 6 pm.
- AWARDS:** 5K First place for overall male and female. 5K First, second and third place in each age group.
(overall winners excluded from age group awards).
- REGISTRATION:** Pre-registration by mail to: Reflections Psychotherapy, LLC, P. O. Box 818, Gray, GA 31032.
- ENTRY FEE:** \$18.00 if received before Friday, March 20th, 2015, \$20.00 after March 20th, 2015
Make check payable to: **Crisis Line & Safe House of Central Georgia**. Race day registration opens at 5:00 pm.
- INFORMATION:** Alicia Gregory or Anne Haynie at 478-491-1991, P. O. Box 818 Gray, GA 31032
- DIRECTIONS:** **From Macon** – take Hwy 129 N (GA 22E), turn left on Madison St. (in Gray), turn left on Dolly Street.
Your destination will be on the left.
From Milledgeville - take GA 22W, turn right on Madison St, turn left on Dolly Street. Destination on the left.

Like us on Facebook at www.facebook.com/pages/Alicia-M-Gregory-LMFT-CDWF

Race photos will be posted on our FaceBook page and available for purchase from the photographer at www.clayphotos.com.

*Please tear this off and return with your check if registering by mail. Also, registration is available through these
websites: rungeorgia.com or macontracks.org*

Runner Name (Please print) Sex _____ Age _____

Mailing Address City _____ State _____ Zip _____

Phone Number Email Address _____

Shirt Size: ☐ Child Large ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ No Shirt **I wish to participate in the** ☐ 5K ☐ Fun Run

Make check payable to: Crisis Line & Safe House of Central Georgia

Mail Registration and Payment to: Reflections Psychotherapy, LLC, Attention: Phoenix Rising 5K, P. O. Box 818, Gray GA 31032

WAIVER: In consideration of this entry for the 2015 Phoenix Rising 5K and Fun Run, I hereby waive all claims for myself and my heirs against any race official or sponsor, Reflections Psychotherapy, LLC or Crisis Line & Safe House of Central Georgia for any injury or illness which may directly or indirectly result from my participation in these events. I further state that I am in proper physical condition to participate in this event. I hereby grant race officials and/or sponsors permission to use my photograph or other records of the event for any legitimate purpose.

Signature (Parent or Guardian must sign if participant is under 18 year old) Date _____

If you are interested in sponsoring or donating next year, Please contact us at 478-491-1991.

For Office Use Only: Amount Paid: _____
☐ Cash ☐ Check # _____
Pre-Registered: ☐ Yes ☐ No

- ☐ No # - Fun Run Only
☐ No # - Shirt Purchase Only
☐ No # - Volunteer
☐ No Shirt

Runner #
