



MARCH 16, 2024

Leprechaun Road Race

THE LEPRECHAUN ROAD RACE IS AN OFFICIAL EVENT OF THE
DUBLIN-LAUREN'S COUNTY ST. PATRICK'S FESTIVAL.

LOCATION:

All events start and finish at Dublin
High School (old gymnasium)
located directly behind Dublin Mall.

AWARDS:

Awards will be given to 1st, 2nd &
3rd place male and female runners
per category in 5K & 10K events.
Male & Female 1st, 2nd, 3rd place
overall in 1 mile.

SCHEDULE:

1 Mile & 10K - 8 a.m.
5K - 8:30 a.m.

PRESENTED BY...



AGE GROUPS:

10 & Under | 11-14 | 15-19 | 20-24
25-29 | 30-34 | 35-39 | 40-44
45-49 | 50-54 | 55-59 | 60-64
65-69 | 70+

HOW CAN I REGISTER?

ONLINE: \$25*

Deadline:
Thursday, March 14
12:00 p.m.



hogfca.org/leprechaun-road-race

BY MAIL: \$30*

Send check and entry form to:
Leprechaun Road Race
Spence Lovett, FCA
1285 7th Street
Dudley, GA 31022

IN PERSON \$30*

During Packet Pick-Up at
First Baptist Church
514 Tucker St.
Dublin, GA 31021
Date: Friday, March 15
Time: 2:30pm-7:30pm
Follow the FCA Signs

*All entry fees are non-refundable. Only registrations received
in hand or online by **Friday, March 8th** will be guaranteed a shirt.
Family Registration: \$115 for immediate family of 5. MUST live in same household.

NAME:

ADDRESS:

City State Zip

Cell: _____

E-Mail: _____

Gender: M F

Date of Birth: / /

T-Shirt Size: Youth: S M L Adult: S M L XL 2X

Event: 1 Mile 5K 10K

LEPRECHAUN ROAD RACE OFFICIAL ENTRY FORM

Waiver: In consideration of the acceptance of this entry, I hereby for myself, my heirs, executors, administrators, and assigns release and discharge all sponsors, organizers, directors or persons connected with the Leprechaun Road Race from any and all claims for damages suffered by me as a result of my participation in or traveling to or from this event. I further state that I am in proper physical condition to compete in the event which I have entered and further agree that the above mentioned sponsors, organizers, promoters, directors or persons connected with this even are under no obligation to provide physical examination or other evidence of my fitness to participate in such event.

Signature: _____

Parent/Guardian: _____

Date: / /2024

Would you like to opt out of our contact list? _____

