

6<sup>th</sup> ANNUAL — YOUR OWN WAY — Virtual Flex-Time  
 Neighborhood  
 MENTAL HEALTH AWARENESS 5k



Register By Mail

P.O.Box 644  
 Lydia, LA 70569

- 1  Download/
- 2  Register
- 3  Mail



Check Payable to:  
 BeeThe1ToHelpSomeone

Name \_\_\_\_\_  
*Your registration confirmation & receipt will be emailed.*

Company / Organization / Team \_\_\_\_\_

Address: \_\_\_\_\_  
*To Receive Tshirts*

City/State/Zipcode \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_  
*Your Runner Bib is emailed*

Check Number \_\_\_\_\_ Check Amount \$ **\$29** Registration **Add \$6 for shipping Or Pick-Up**

Your T-Shirt Size  S  M  L  XL  2X  3X

Additional Registrations [  ] Yes [  ] No *(If yes, complete attached sheet)*

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Add \$7 for shipping

2x \$25 | 3x \$26

Name \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

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Name \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

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Name \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

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Name \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

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Name \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

**THANK YOU FOR YOUR SUPPORT!**