

Walcott Day 5K Run/Walk



*Saturday, July 18th, 2015
7:00 am Race Start
Walcott Coliseum - Walcott, Iowa*

Registration:

Pre-Register by July 4th \$20 (t-shirt guaranteed)
After July 4th \$25

Please mail registration & make checks payable to:

Walcott Day Committee
PO Box 790
Walcott, IA 52773

*The perfect 5K for all
runners and walkers!*

Online Registration also available at www.getmeregistered.com!

Packet Pickup, Late Registration:

Friday, July 17th 4:30-6:30 pm at the Burt Clinic of Chiropractic
Saturday, July 18th 6-6:45 am at the Walcott Coliseum

NEW! Chip Timing! ALL participants MUST pickup a chip prior to race start.

Participants will be charged \$20 for each chip not returned.

Chip Pickup: Saturday, July 18th 6-6:45 am at the Walcott Coliseum

Contact information:

Kari Burt (563)349-5550 or BurtKariA@gmail.com with any questions

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When You Share The Road To A Better Future
FitnessSports
THE OFFICIAL FITNESS AND SPORTS CENTER

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **T-Shirt Size:** YS YM YL S M L XL XXL

Age(on race day): _____ **Birthdate:** _____ **Sex:** _____ **Circle:** Runner Walker

I know that running/walking a road race is a potentially hazardous activity. I should not enter unless I am able. I assume all risk associated with the event including and not limited to falls, injuries, and contact with other participants, effects of weather, traffic and road conditions. I, for myself and anyone entitled to act on my behalf, waive and release the race officials, organizers, sponsors, volunteers and the City of Walcott, IA and its employees and contractors from all claims and liabilities. I further state that I have trained accurately and am in suitable athletic condition to compete in this event. I understand that I will be charged \$20 if my chip is not returned immediately after the race.

Signature: _____ **Date:** _____

(Parent or Legal Guardian)