



HASTINGS FAMILY YMCA

TURKEY TROT

SATURDAY
NOVEMBER 21

Race starts: 8:30 am | Check-in starts: 7:30 am

Join us for our annual Turkey Trot Race, 5k walk/run, and team edition!

INDIVIDUAL: Early bird pricing: \$25 | After Oct. 31: \$30
Participate in our timed 5k race/walk (not collecting items)! Top runners will receive Thanksgiving sides to go with their meal and winners receive a free turkey!

TEAM EDITION: Early bird pricing: \$55 | After Oct. 31: \$65
Race with your family/group to collect items for your Thanksgiving meal along the way!



2020 TURKEY TROT

Name: _____ DOB: _____ Phone: _____

Address: _____ City/Zip: _____ Male / Female

Email: _____

Circle registration type: Individual \$25/\$30 | Family edition: \$55/\$65

Individual: All participants receive a free shirt. Please mark any additional items you would like:

Free shirt size: _____ Purchase a tumbler for \$7? _____ Purchase a medal for \$4? _____

Team Edition: Team registrations receive 2 free shirts. Additional shirts may be purchased for \$7 each.

Please indicate how many shirts you want of each size: (if only free shirts are wanted only mark your two shirt sizes)

____ Youth S ____ Youth M ____ Youth L ____ Adult S ____ Adult M ____ Adult L ____ Adult XL ____ 2XL ____ 3XL

Purchase a tumbler for \$7? (How many?) _____ Purchase a medal for \$4? (How many?) _____

I release the Hastings Family YMCA and anyone associated with the YMCA's Turkey Trot from all responsibility in the event that I am injured as a result of participating in the event. I take full responsibility for my actions during this event and understand that there is a risk of physical injury and agree to assume the full risk of any injuries or loss which I may sustain as a result of my participating. I further state that I am in proper physical condition to participate in this event. Further, I hereby grant full permission to the Hastings Family YMCA and its agents to use any photographs or videotapes of the event for any legitimate purpose at any time. I have read this waiver carefully, understand it, and submit to its conditions.

Participant/guardian signature: _____ Date: _____

Office Use:

Payment: _____

Date: _____

Staff Initial: _____