



THANKSGIVING DAY



"Turkey Trot"

EVENT: The 23rd Annual Thanksgiving Day "Turkey Trot" presented by the Fareway & Hy-Vee Stores of Red Oak, Red Oak Glass, Inc., Taco Bell of Red Oak, Orme Outdoor and the Montgomery County Family YMCA. Participants can enter one of three events - 5 mile run, 2 mile run or 2 mile walk.

WHEN: Thursday, November 23rd (Thanksgiving morning)

WHERE: Race will begin and end at the YMCA at 101 E. Cherry Street in Red Oak, Iowa.

TIME: Race begins at 7:30 a.m. for all events.

ENTRY FEE: **MUST BE RECEIVED BY NOVEMBER 6th TO GUARANTEE DRY-WICK T-SHIRT.**

\$15.00 – if registered by November 6th

\$18.00 – November 7th – November 19th (Correct T-shirt size not guaranteed.)

\$25.00 - November 20th – through Race Day (T-shirt not guaranteed.)

You can now register online at www.mcyymca.com

DIVISIONS: (Walkers are not eligible for age division awards, but are eligible for door prizes.)

<u>Male</u> - 2 Mile	<u>Male</u> - 5 Mile	<u>Female</u> - 2 Mile	<u>Female</u> - 5 Mile
12 & under	12 & under	12 & under	12 & under
13 - 18 age	13 - 18 age	13 - 18 age	13 - 18 age
19 - 29 age	19 - 29 age	19 - 29 age	19 - 29 age
30 - 39 age	30 - 39 age	30 - 39 age	30 - 39 age
40 - 49 age	40 - 49 age	40 - 49 age	40 - 49 age
50 - 59 age	50 - 59 age	50 - 59 age	50 - 59 age
60 & above	60 & above	60 & above	60 & above

DIVISION WINNERS: Will receive either a Hy-Vee of Red Oak Free Turkey Certificate or a Fareway \$15.00 Gift Card.

DOOR PRIZES: Will be awarded at the completion of the event with all participants eligible to win one of the prizes donated by Red Oak area merchants.

FOR MORE INFORMATION: Contact the YMCA at (712) 623-2161.

2017 "TURKEY TROT" RUN / WALK REGISTRATION FORM

If registering the day of the race, please show up forty-five (45) minutes early. If you have any questions, please call the YMCA at 712/623-2161. Return form to Montgomery County Family YMCA, 101 E Cherry Street, Red Oak, Iowa 51566!

Check the Appropriate Box:

<u>Male</u> - 2 Mile Run	<u>Male</u> - 5 Mile Run	<u>Female</u> - 2 Mile Run	<u>Female</u> - 5 Mile Run
___ 12 & under	___ 12 & under	___ 12 & under	___ 12 & under
___ 13 - 18 age	___ 13 - 18 age	___ 13 - 18 age	___ 13 - 18 age
___ 19 - 29 age	___ 19 - 29 age	___ 19 - 29 age	___ 19 - 29 age
___ 30 - 39 age	___ 30 - 39 age	___ 30 - 39 age	___ 30 - 39 age
___ 40 - 49 age	___ 40 - 49 age	___ 40 - 49 age	___ 40 - 49 age
___ 50 - 59 age	___ 50 - 59 age	___ 50 - 59 age	___ 50 - 59 age
___ 60 & above	___ 60 & above	___ 60 & above	___ 60 & above

___ 2 Mile Walk (remember no division for the walk)

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\$25.00 - November 20th - through Race Day

FREE - MCMH "TAKE 12" Participant - **(No shirt & Ineligible for division awards)**

REGISTRATION

Participant's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ / _____ - _____ Alternate #: _____ / _____ - _____

Email: _____ Age (on race day) _____ Date of Birth: ____/____/____

T-shirt Size _____

CONSENT TO PARTICIPATION

THE UNDERSIGNED _____, with understanding of the potential risks of injury by reason of participation in the following activity: **23rd Annual Turkey Trot Run/Walk** does hereby consent to participate in the activity.

The potential risk of participation includes risk of injury from contact with other participants and contact with or use of equipment used in the activity.

The undersigned affirms that by signing this consent the person understands that participation in the activity is voluntary and that the person is free at any time to stop participation.

By this consent and with participation in the activity, the undersigned voluntarily accepts the risk of injury by reason of participation in the activity.

THE UNDERSIGNED provides the following contact information to obtain consent to treat the undersigned in the event of injury or illness during participation:

Name _____ Address _____ Telephone No. _____

If the contact person named above cannot be reached, the undersigned gives consent for supervisory staff to provide necessary and reasonable emergency medical care and treatment and further treatment by a licensed professional caregiver as the case may be.

Participant's Signature/Parent Guardian (if under age 18) _____

Print Name _____

Date _____

The Y: We're for youth development, healthy living and social responsibility.



ORME OUTDOOR

For All of Your Lawn Care Needs

