



# Husky Mat Club Thanksgiving 5K

## 1<sup>st</sup> Annual Thanksgiving Day Run/Walk THANKSGIVING MORNING, NOVEMBER 24, 2016 Registration at 7:30 a.m. – Race begins at 8:00 a.m.

Thank you to Fitness Sports for posting this event to their website in support of our 5K run! ([fitnesssports.com](http://fitnesssports.com))

- Date:** **Thursday, November 24<sup>th</sup>**      Time: **8:00 a.m.**
- Location:** **Quality Car Care, 1012 N. 10<sup>th</sup> St., Winterset, Iowa**
- Entry fee:** \$25 (includes all cotton, long sleeve shirt)    \$15 (no shirt)
- Ages:** Open to all ages. No awards. **We will not be timing this event.**
- Shirts:** Super cotton, long sleeve. Sizes YS – 3XL. **Shirts guaranteed on race day only if registered by **November 10.****
- Proceeds:** All money collected (registration fees, donations, etc.) above the cost of the shirts will help support the Husky Mat Club.
- Info:** Logan Silliman: 515-669-9365    email: [silliman.logan@gmail.com](mailto:silliman.logan@gmail.com)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

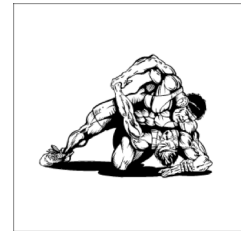
**Day phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **T shirt size:** \_\_\_\_\_

(sizes YS – adult 3XL)

**Make checks payable to: Husky Mat Club**

**Winterset Husky Mat Club Donation (optional):** \_\_\_\_\_

**Mail registration & checks by November 11 to (or bring with you on the 24<sup>th</sup>):**  
Logan Silliman, 2518 Millstream Ave., Winterset, IA 50273



**Can't run but want to donate to the Winterset Husky Mat Club? Contact Logan at 515-669-9365**

**Standard Acknowledgement/Waiver:**

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors, and administrators waive any and all rights and claims for damage I may have against individuals associated with this event, all sponsors, supporters, officials, representatives, successors and assigns, for any or all injuries suffered by me during, because of, or in travel to or from said event. I certify that I am physically fit, have sufficiently trained for participation and have not been advised otherwise by a qualified medical professional.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_