

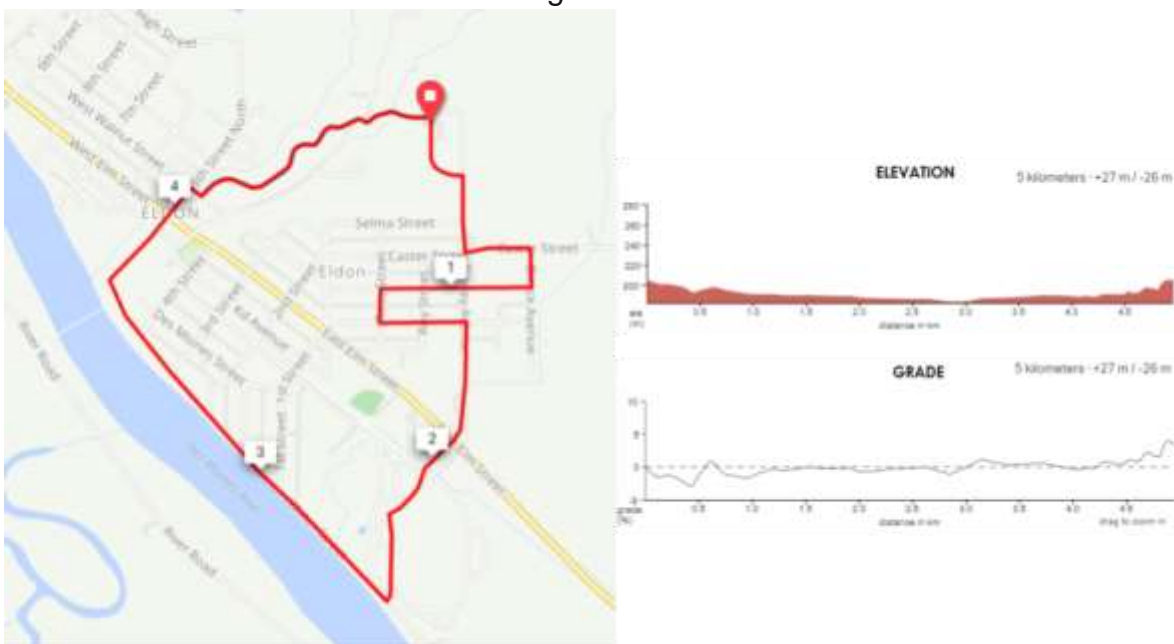
American Gothic 5K Registration Form

HOSTED BY:
The American Gothic House Center

Get out and get moving for our annual 5K to celebrate American Gothic Days! This race starts and finishes in front of the American Gothic House Center, with the historic American Gothic House in the background. This event coincides with Eldon's American Gothic Days. More details on the events going on around town will be posted to the City of Eldon's website very soon.

Event Details:

- **What:** American Gothic 5K Run / Walk
- **When:** Saturday, June 8 at 8AM (day-of registration and packet pick-up begins at 7AM)
- **Where:** Begins at the American Gothic House Center (300 American Gothic St, Eldon, IA), and winds through Eldon and along the Des Moines River, with the last leg following the American Gothic Trail and finishing in front of the Gothic House.



- **Registration Fee & Deadlines:** Registration is \$20 before May 23rd, and \$25 after. Day-of registrants are welcome. Please note that registering after May 23rd means you might not get your shirt the day of the race, in which case we will mail you your shirt once we can order more, or you can pick it up from the Center.
- On the day of the race we will provide water and snacks at the finish line. 1st and 2nd place winners in their category will receive a medal.

PLEASE WRITE LEGIBLY AND FILL OUT COMPLETELY.

None of the information you provide for this event will be used for anything other than contacting you about matters specifically regarding this event.

Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-mail: _____

Age (as of 6/8/19): _____

Male Female

Walker Runner

T-Shirt Size:

Small Medium Large X-Large XX-Large XXX-Large

In consideration for the opportunity to participate in this event, I release all groups and persons, including the City of Eldon, Iowa and the American Gothic House Center officials, sponsors, contributors, volunteers, etc., from any and all liability for any injury or damages whatsoever arising from any participation in this event. I also authorize any medical treatment deemed advisable by any licensed physician to relieve any injuries or illness while a participant or observer. I certify that I have read this document and agree with its content.

Signature: _____ Date: _____

Signature of Parent or Guardian if Participant is Under 18: _____

Return registration form to:
American Gothic House Center
300 American Gothic St.
Eldon, IA 52554

Questions, comments, or concerns?
EMAIL: theamericangothichouse@gmail.com
PHONE: (641) 652-3352

PLEASE CHECK:
One person per entry?
Form **fully** completed?
Release **signed**?
Correct amount paid?