



Greene County Early Learning Center &  
Spring Lake Park Present:

# Tromp the Trail 3K

Saturday, September 3<sup>rd</sup>, 2015

Where You Have the Right to B - FIT  
**Fitness Sports**  
www.FitnessSports.com  
7230 University Ave. Des Moines, IA, 50311  
515/277-4785 or 800/529-7684

**Pre-Race Check-In** 9:15-9:45 am  
**3K Start Time** 10:00 a.m.  
**Registration Due** August 29, 2016, \$5 more per entry after this date

Start and Finish: Spring Lake Park, 1847 195<sup>th</sup> St., Jefferson, IA

**COURSE:** The event will be run on grass, dirt trails and roads within the Spring Lake Park with over 10 optional obstacles. Caution must be taken for traffic within the park.

**SERVICES:** First aid offered at the registration table. Complimentary refreshments will be available immediately following the race.

**CONTACT:** Cindi Daubendiek, GCELC Board Member at 515-386-4567 cindi.daubendiek@gmail.com

**ENTRY FEE:**  
\$10 for those 12 and under, \$15 after August 29, 2016  
\$20 for those over 12, \$25 after August 29, 2016  
Registration also available at the event.  
Rain date will be Sunday, September 4<sup>th</sup> at 1 pm.

## REGISTRATION INFORMATION

Saturday, September 3<sup>rd</sup>, 2016

**Fee: \$10/ person 12 and under (\$15 after August 29, 2016), \$20 /person over 12 (\$25 after August 29, 2016)**

Name \_\_\_\_\_

Age (race day) \_\_\_\_\_ Birth Date (MM/DD/YY) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**MAKE CHECK PAYABLE TO "Greene County Early Learning Center".  
Return form and check to: Greene County Community Center, Tromp the Trail,  
204 W. Harrison St., Jefferson, IA 50129**

Please read and complete the WAIVER below.

I hereby release the Greene County Early Learning Center, the Jefferson Area Chamber of Commerce, the City of Jefferson, Greene County, race sponsors and all employees and agents of these organizations from all claims (present and future) resulting from any injury or illness that may be sustained while participating in the Tromp the Trail. I am satisfied that I (my child) have/has attained a level of fitness sufficient to participate safely.

Signature \_\_\_\_\_ (Contestant) Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if contestant is under 18 years old)