



Turkey Trot 2016

5K Family Fun Run

Thorbeckes TAP* in Chehalis

91 SW Chehalis Ave, Chehalis, WA 98532

Contact: efjsanchez.tap@gmail.com; 360-748-3744

Thursday, Nov. 24, 2016, at 8:30am

\$20 per person (t-shirt included)

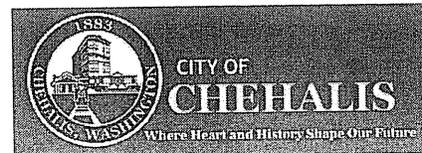
\$35 per family (immediate family members please)

(includes 2 t-shirts, additional t's are \$8 each)

Register & pay by November 17 to guarantee a shirt

(by mail or at any Thorbeckes location)

Same day registration begins at 7:45am



***Formerly Thorbeckes ADAPT Performance. Proceeds donated to local food bank.**

The Chehalis School District does not sponsor this event and assumes no responsibility for it. In consideration of the privilege to distribute materials, the school district shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials including costs, attorney's fees and judgments or awards.

THORBECKES TAP

Total Athlete Performance

TURKEY TROT FUN RUN/WALK

REGISTRATION

First Name: _____

Age: _____ Gender: F M

Last Name: _____

Phone: _____ Email: _____

First Name: _____

Age: _____ Gender: F M

Last Name: _____

Phone: _____ Email: _____

First Name: _____

Age: _____ Gender: F M

Last Name: _____

Phone: _____ Email: _____

First Name: _____

Age: _____ Gender: F M

Last Name: _____

Phone: _____ Email: _____

Please circle one: Individual or Family

Register & pay by November 17 to guarantee a shirt.

Shirt size(s): Youth S: ___ M: ___ L: ___ Adult: S: ___ M: ___ L: ___ XL: ___

Please drop-off entries to Thorbeckes TAP gym or any Thorbeckes FitLife Center facility;
or mail to 91 SW Chehalis Ave, Chehalis, WA 98532.

I the undersigned, being advised of the condition of this race, assume all risks incident to my participation, I hereby release myself, my heirs, executor and administrations, Thorbeckes FitLife Centers, Thorbeckes TAP, City of Chehalis, and all sponsors of this race including all race volunteers and officials, from any and all claims, demands, actions, or causes of actions incident my participation in Thorbeckes TAP Turkey Trot Fun Run 2016. Please make checks out to Thorbeckes FitLife Centers.

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Parent/guardian signature for those under 18: _____

Proceeds will be donated to our local food bank.

