



MORE INFORMATION: WWW.MILESINMARTINSVILLE.COM

When: Thursday, November 26, 2015, 9:00 a.m.

Where: A partially wooded course that starts at the YMCA and winds along the Silverbell Trail, the Dick & Willie Passage and then through Uptown Martinsville.

Registration: \$25.00 before November 11th (with a give-away guarantee); \$30.00 after November 11th (no give-away guarantee); \$35.00 race day registration

Includes: Awesome race swag, on-course aid station and delicious post-race snacks!

Awards: Overall Male/Female Winners and Male/Female Age Groups (5 year increments beginning at 9 & under)

Packet Pick-up: Wednesday, November 25 from 12-6:00 p.m. and from 7-8:30 a.m. on Race Day at the Martinsville Y

Family Division: For the Family Division please complete the Family Division Form & a registration form for each member of your family

Please complete and return with registration fee to either YMCA

First Name _____ Last Name _____

Address _____

Birthdate: _____ Age as of race day _____ Male/Female (please circle)

Phone # _____ E-mail Address _____

T-Shirt Size (No shirt guarantee after November 11th)

Adult S Adult M Adult LG Adult XL Adult XXL

Waiver: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Turkey Day 5K & Family Fun Run, and do hereby release the Family YMCA Inc., all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all rules for participation, and acknowledge that the event committee may refuse my entry at its discretion. I further grant permission for the YMCA to use any photographs, motion pictures or other recording of the event for legitimate purposes. I HAVE NOTED ANY MEDICAL CONDITIONS on the reverse side of this form. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event.

Entry Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

(required of entrants under 18)

Emergency Contact: _____

Phone: _____

Presented By:

Title Sponsors:



Dr. David Jones
Dr. Nicole DeShon
INVISALIGN
SPECIALISTS

