

Race Begins At 8:30am, Doors Open At 7:30am Registration Begins August 15[™]

5K Run • \$25 2 Mile Family Fun Walk/Run Individual: \$20 • Family*: \$50

Sign Up For Either A 5K Run Or A 2 Mile Family Fun Walk/Run For All Ages And Fitness Levels

Every Registered Participant Will Receive A T-Shirt* And Participation Medal! *Register Before October 1st To Guarantee A Shirt *Family Registration Includes: 3 T-Shirts & A Medal For Each Participant

Additional T-Shirts May Be Purchased Upon Registration At Either Facility

WEAR YOUR MOST SPOOKTACULAR COSTUME FOR OUR CONTEST!

Start and finish at the Edwardsville YMCA Esic Center. The course is mostly on the paved bike path which is family friendly.

Be sure to visit the costume contest table!! Prizes will be given for the best kid, adult & family!

Final Lap Race Management will be providing timing services for the 5K event! Note: There will <u>not</u> be awards given away for best times.

You can register online at www.finallapracing.com or at Esic or Meyer Centers.

For more information, contact Dawn Peterson at 618-656-0436 or dpeterson@edwymca.com.

In Partnership with the Goshen Rotary Club



Spooktacular Registration Form (ONE FORM PER PARTICIPANT)

Name:		Phone #:							
Address:		City, State, Zip:							
Gender: 8	: Birthdate:			Email:					
Which Event You Are F	articipating	ln:	<u>5</u> K•_	2 M	Aile Fun Wa	lk/Run			
T-Shirt Size: Adult Sizes:	S	м	_L	_ XL	2XL • Y	outh Sizes:	S	M	L
In consideration of acce Family Run/Walk, I do he Madison County Transit, assigns, heirs, executors property arising from m associated with my part & fit for participation in likeness in future print &	reby release , Final Lap & f s, & personal y participatio icipation in tl all such activ	& discha their em represen n therein he activi vities. I g	arge the ployees ntatives n. I here ties ass give my	e Edwar & volu s, now 8 eby atte sociated	dsville YMC nteers from & forever, fo est that I ha I with this e	A, the City of any and all li r any casualt ve full knowle vent & that l	Edward ability t y to mys edge of t am phys	sville, o me, my self or m the risks sically tra	y ained
Signature:				Date:					
Addit	ional Far	-							
Gender: E									
Name:						Phone #:			
Gender: E									
Name:					I	Phone #:			
Gender: B	Birthdate:								
Family Registration In	ncludes 3 T-	shirts: F	Please	Indicat	e 2 Additio	onal Sizes Fo	r The Fa	amily	
T-Shirt Size: Adult Size				XL _	2XL • Y	outh Sizes: _	S	M	L
Additional T-shirts Ca	an Be Purcha	ased For	\$10						
T-Shirt Size: Adult Size	es: S	M	L	XL	2XL • Y	outh Sizes: _	S	M	L
For Staff Use Only Date Paid:		Amount	t Paid: _			Staff Initials: _			
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