



Saturday, April 11th
Race time: 8:00 am

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY TIME PHONE _____ EMAIL ADDRESS _____

PARTICIPATE IN (CHOOSE ONE) _____ 5K WALK _____ 5K RUN _____ 10 K RUN

EARLY REGISTRATION (BY MARCH 20TH)

_____ \$25 with t-shirt _____ \$15 without t-shirt

T-SHIRT SIZE: _____ SM _____ M _____ L _____ X-L
(Please indicate if youth size is needed)

CHECKS PAYABLE TO: Joel Herzberg Benefit Fund
RETURN TO: Villisca High School
406 E. 3rd Street
Villisca, IA 50864

RACE CONTACT: Shona Means
826-2526
smeans@villisca.k12.ia.us

Starting Point:
Villisca City Park
Registration:
7:00 am – 7:30 am
Start Time:
8:00 am

Awards 1st, 2nd, and 3rd place
Age Brackets
(Please check which age group you are participating in)
_____ 5th grade & under _____ 6th – 8th grade
_____ 9th – 12th grade _____ Graduates – age 25
_____ Age 26-40 _____ Age 41-60
_____ Age 61 & over

Waiver and Release

I understand that I am voluntarily participating in this event that could pose certain risk of physical injury and I agree to assume full risk of any injuries, damage, or loss which I may sustain as a result of participation. I have read and fully understand the waiver and release.

Registrant _____ Date _____

Guardian _____ Date _____

(Guardian required if registrant is under 18 years of age)

