

Oktoberfest 5K Run/Walk

**Proceeds will benefit the
East Troy Area
Historical Society**

Date: Saturday, September 25 2010

Time: 8:30 a.m. Start

Pre-register by: September 18, 2010

Entry fees:

- \$20 for pre-registered runners/walkers
- \$25 for late and day of race registrations or \$20 plus 2 non-perishable food items

All food items collected on race day will be donated to the East Troy Food Pantry

Registration 7-8 a.m. at Prairie View Elementary School, 2131 Townline Rd., East Troy, Wisconsin

The certified course will start and end at the school.

Healthy snacks and beverages provided to participants after the race

For more information, go to www.etahs.org or call Tina Strand: (262) 903-5373



PRIZES

Special awards to overall male and female winners and 1st—3rd place awards for male and female participants in each age group (14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 & over)

T-shirts and goodie bags guaranteed for all pre-registered participants and the first 50 late and day of race registrants.

Results will be available on www.wisconsinrunner.com



**Register at
www.etahs.org
Or mail form and entry fees to:**

Oktoberfest 5K Run/Walk
East Troy Area Historical Society
P.O. Box 722
East Troy, WI 53120

Please make checks payable to:
East Troy Area
Historical Society

Name _____

Address _____

E-mail _____

Phone _____

T-shirt Size: S M L XL

Sex _____ Age on race day _____

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the East Troy Area Historical Society, East Troy Area Chamber of Commerce, East Troy Community School District, Walworth County Sheriff's Department, Village of East Troy, Town of East Troy and Town of Troy and all other sponsors and their representatives, successors and assign for any and all injuries suffered by me in said event. I attest and verify that I will participate in the event as a foot race entrant, which I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor.

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____