


## The Silverdale Rotary Turkey Trot Entry Form


One form per participant. Check appropriately for one person. Make checks payable to Silverdale Rotary <b>Thanksgiving Day, Thursday November 24th</b>		<b>Total</b>  Entry Fee: \$ _____  T-Shirt: \$ _____  TOTAL: \$ _____
<input type="checkbox"/> <b>1 Mile</b> (8:25am) \$17 <input type="checkbox"/> <b>Pumpkin/Kids Dash</b> (8:00am) \$5 <input type="checkbox"/> <b>5K</b> (8:20am) - \$30 <input type="checkbox"/> <b>10K</b> (8:15am) - \$40		
<b>1 MILE</b> Male: <input type="checkbox"/> Female: <input type="checkbox"/> _____ Name	_____ Name	All Proceeds from this event will benefit food programs in our Community for those at risk of food insecurity.  <b>Thank You!</b>
<b>5K</b> Male: <input type="checkbox"/> Female: <input type="checkbox"/> _____ Credit Card Number	_____ Credit Card Number	
<b>10K</b> Male: <input type="checkbox"/> Female: <input type="checkbox"/> _____ Credit Card Street Address	_____ Credit Card Street Address	
<b>KIDS DASH</b> Male: <input type="checkbox"/> Female: <input type="checkbox"/> _____ CC Zip Code	_____ CC Zip Code	
_____ <b>Date of Birth</b>	_____ CC Expiration      _____ CC CV Number	
<b>BIB NUMBER</b> (to be filled in at registration)	<b>T-SHIRTS</b> <i>* Limited Availability *</i> 15\$ - As supplies last	

WAIVER: In consideration of your acceptance of this race entry I hereby for myself, my heirs, executors, administrators and assignees do hereby collectively release and discharge any and all rights and claims for damages against the Silverdale Rotary Club, Kitsap County and their respective agents, employees, volunteers, members, clubs, sponsors, promoters and affiliates from any and all liability arising from illness, injury and/or physical consequences I (or my child) may suffer as a result of participation in this event. I understand that there may be hazards associated with this event. I assume those risks and am physically fit to participate. I understand that entry fees are non-refundable. I have read the information provided and certify my compliance with my signature below.

\_\_\_\_\_  
SIGNATURE (SIGNATURE OF PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE)

\_\_\_\_\_  
Date

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