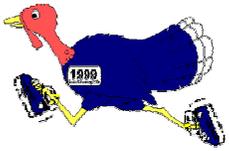


City of Turlock – Parks, Recreation & Public Facilities Presents



THE 42nd ANNUAL TURKEY TROT FUN RUN

*1-MILE STAMPEDE * 2-MILE FUN WALK/RUN *



Saturday, November 19, 2016

Donnelly Park (Main Parking Lot)

PRE-REGISTRATION: October 1 – November 3, 2016
Only Participants Pre-Registered by November 3rd are Guaranteed T-Shirts

FEES: **\$13 One - Mile Stampede** (12 years & younger)
\$18 Two - Mile (13 years & older)

RACE DAY INFO: **Race Day Registration/Check-In**
8:15 am (All racers must be registered by 8:30am)
8:30 am (All must be checked in for races)

START TIME: **9:00 am-** 1 mile stampede SHARP - RAIN OR SHINE
9:20 am- 2 mile run/walk

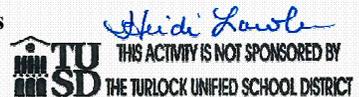
COURSE: **1-MILE STAMPEDE** (ages 12 and under) One-lap around Donnelly Park.
2-MILE (13 and older) Two-laps around Donnelly Park.



Prizes will be awarded to 1st, 2nd and 3rd place finishers for each division. Raffle tickets will be given to all participants.

For more information contact the Parks, Recreation & Public Facilities Office (209)668-5594

Please return Entry Form and Check to: **City of Turlock, Parks, Recreation & Public Facilities**
144 S. Broadway
Turlock, CA 95380



INFORMATION: (please print)

Name: _____ Address: _____ City/Zip _____

Phone: _____ Age: _____ Date of Birth: _____ Email: _____

Are you, your spouse or parent a City of Turlock employee? Yes No

If yes, which Department? _____

Check Appropriate Category:

Male Female 1-Mile Stampede 2-Mile Run

T-Shirt Size: (circle one)

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

WAIVER: Permission to participate in the above program sponsored by the City of Turlock is given for myself and/or my minor child. I understand that the City of Turlock carries no medical insurance for any of its program activities. I hereby agree to indemnify and hold harmless and release the City of Turlock, and its agents and employees, from any and all liability for any injury suffered by myself or my child arising from or connected with this program and I will assume all risk for any injuries. I understand that a physician's clearance is recommended prior to participating.

Signature _____

Date _____