



**16 Frozen Turkeys for age group Awards
 Turkey 5K Run Sun. Nov. 20 2016
 Oldest Race in the County
 Start 1 mile 2:00 PM 5K 2:30 PM
 Shenandoah Valley Track Club Facebook
 WWW.ValleyTrack.org**

Registration: Make check to S.V.T.C. **5K** _____ \$20.00 for non-members S.V.T.C. _____ \$15.00 for S.V.T.C. members
 Mail to: Mike Guinn Track Club T- Shirt \$8.00 Sm __ Med__ Lg ___ XL_____
 5166 Pleasant Valley Rd
 Harrisonburg, VA 22801 **1 mile run** _____ 13 and under only Free

Awards: Turkeys (frozen) will be awarded to male and female winners of each age group. Also 2nd and 3rd awards (13 & under, 14-19,20-29,30-39,40-49,50-59,60+) plus others.

Location Town Hall 201 Green Street, Bridgewater, VA 22812

Questions: Contact Rich Ruoizzi 540-833-4415, ValleySting@aol.com

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 Registration Form
 Name _____ Sex _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ E-mail _____

Shenandoah Valley Track Club RELEASE FORM -
 PLEASE READ BEFORE SIGNING. IT **MUST BE SIGNED BY PARTICIPANT**
 (IF 18 OR OLDER) **OR PARENT or GUARDIAN.**

I know that participation in a track meet or road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by meet/race rules and any decision of a meet or race official relative to my ability to safely complete an event. I assume all risks associated with my participation in a track meet or road race including, but not limited to, falls, contact with other participants, conditions of the track facility or road. In consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Shenandoah Valley Track Club, their officers, and successors from all claims of liabilities of any kind arising out of my participation in a Shenandoah Valley Track Club meet, fun run, or road race.

Signature _____ Date _____
 Signature of parent or guardian if participant is under age 18 _____

If you would like to become a member of the Shenandoah Valley Track Club

Date _____ Name _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Home Phone _____ Work Phone _____
 Annual dues, including RRCA affiliation: (check one) Individual \$12.00 _____ Family \$20.00 _____
 Family member _____ age _____
 Family member _____ age _____