



TrailTrek
5K Run/1 Mile Fun Walk
Sunday September 28, 2008 2:00 PM

Benefit: Camp Scholarships for Underprivileged Kids (People Helping People)

Course: 5K (3.1 mile) of grass fields, gravel paths, and wooded dirt/mud trails

Divisions: Runners: Men & Women 11/under, 12-16, 17-19, 20-29, 30-39, 40-49, 50-59, 60 and over
Walkers: Mixed 11/under, 12-19, 20-35, 35-59, 60 and over
Teams: May be any size, and include any age or gender
(While each team is composed of multiple runners, only the scores of the top five are counted.)

Awards: Awards will be presented to the overall Male and Female runners, the overall male and female runners per age group, the top walker per age group, and the Top 3 Teams.

Entry Fees: Pre-Registration (by September 19): \$15.00 includes drawstring bag.
Race Day: \$20.00 Race bag as supplies last.

Online Registration Available until September 19th at www.speedy-feet.com

Post Race: Concessions, Awards, Door Prizes, Land based fishing, and open sports field (open until 4:30 PM).



Contact: Maggie Haverfield at 1-800-423-0427

trailtrek@ymcacampwillson.org

Online registration at www.speedy-feet.com



Additional Race Information at www.ymcacampwillson.org

2008 YMCA Camp Willson TrailTrek Entry Form

First Name: Last Name:

Address City: State: Zip:

Home Phone Cell Phone Gender M F

Age on race day Email: Team Name (if applicable)

Fees: \$ Run(\$15) \$ Walk(\$15) \$ Tax Deductable Donation \$ Total Enclosed

Waiver/Release: By my signature, I attest that I am physically fit and sufficiently trained to participate in this event. I have full knowledge of the risks involved. Therefore, in consideration of the acceptance of my entry in YMCA Camp Willson's TrailTrek, I for myself, my heirs, my executors and administrators waive any and all rights and claims for injuries, damages or death I may have against YMCA Camp Willson/YMCA of Central Ohio, all sponsors, and any individuals associated with this event and will hold them harmless for any and all injuries or damages I may suffer in conjunction with this event, including death. I grant YMCA of Central Ohio and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

Relevant Medical Conditions

Signature Date

Parent Signature (if participant is under 18 years of age) Date

In case of medical emergency, contact Phone:

For Safety: NO DOGS, SKATES, ROLLERBLADES, or BICYCLES

Make Checks Payable To: YMCA Camp Willson Mail to: YMCA Camp Willson 2732 County Road 11, Bellefontaine, OH 43311