



All proceeds benefit



The Sparta Tradition, Before the Tradition!

FILL OUT 1 FORM FOR EACH PERSON THAT YOU REGISTER AND RETURN ENTIRE FORM

THURSDAY 11/24/11: 7:00 – 8:30 A.M. FINAL REGISTRATION
8:15: 1-MILE FUN-RUN/WALK
8:45: 5K – RUN/WALK/JOG/TROT
 T-shirts guaranteed for first 1000 pre-registered by date received

Pasta Dinner & Packet Pick Up:
The Boardwalk at Lake Mohawk-21 Boardwalk, Sparta, NJ
Wed, Nov. 23rd beginning at 5pm

MAKE REGISTRATION CHECK PAYABLE TO:
Sparta Education Foundation (SEF)
 270 Sparta Ave, Suite 104, PMB 126, Sparta, NJ 07871
 Questions: 1-800-905-SEF1 (7331)

The SEF is a NJ Non-Profit 501 (c) (3) Corporation

FEE SCHEDULE: CHOOSE ONE

5K: \$28 \$ _____
 \$23 thru 10/31 & \$26 thru 11/20

5K YOUTH: \$23 \$ _____
 17 Years & Under
 \$18 thru 10/31 & \$21 thru 11/20

USATF Member \$(_____) \$ _____
 \$2 Discount thru 11/20

1 MILE FUN-RUN: \$15 \$ _____
 \$10 thru 11/20
 At least 5 yrs or with Parent-NO BIB #

Pasta dinner: Extra Guest \$5 each \$ _____
TOTAL \$ _____

In consideration of your acceptance in the Krogh's Restaurant and Brew Pub Turkey Trot 5K, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administration, waive and release any and all rights and claims for damages, and hold harmless, the presenting organization (Sparta Education Foundation) and any sponsoring organization (Krogh's Restaurant and Brew Pub, Main Street Events, Sparta Township, Sussex County, and any co-sponsors, their representatives, successors, agents, servants or employees, and assignees) for any and all injuries suffered by me in said run. I recognize that I must be in good health and of sufficient training and experience in order to successfully compete in this event has been attested to by a qualified physician or certified fitness consultant. I hereby grant permission to The Sparta Education Foundation and Krogh's Restaurant and Brew Pub to use photos that may include myself for promotion and publicity; and understand that if the event cannot be held due to an act of God or circumstances beyond control, the organizer is not liable to refund any money paid by me to participate. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Signature _____ Date _____

Parent/Guardian (if under 18) _____

FORM MUST BE SIGNED

First Name (print): _____

Last Name (print): _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

Email: _____

Phone: _____ **Age on 11/24** _____ **Circle: M F**

Date of Birth: M/D/YR _____ **Circle Event: 5K or 1 MI**

RSVP Pasta Dinner: Y N Extra Guest: Y N \$ _____

Shirt Size: S M L XL XXL Total: \$ _____

USATF-NJ#: _____

Shirt sizes are not guaranteed. We will do the best we can to fill your request. ADULT SIZES ONLY PLEASE