

# 9TH ANNUAL WILLARD CARE TO LEARN TURKEY TROT

**THANKSGIVING  
MORNING**

**NOV. 26, 2020**

**PLEASE BRING TWO FOOD  
ITEMS FOR THE FOOD**

**PANTRY**

**5K FAMILY FUN  
RUN/WALK**

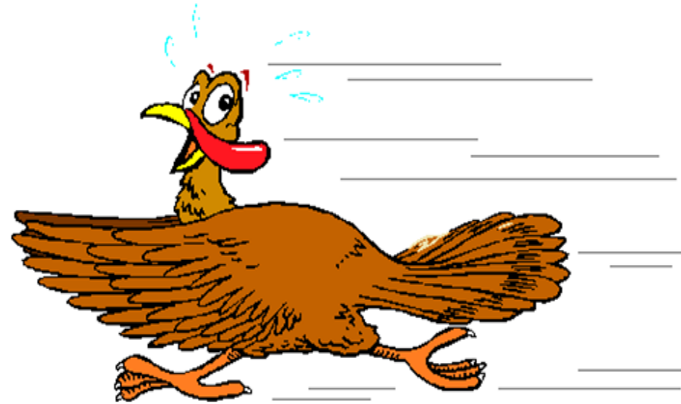
**GO TO THE FOOTBALL  
STADIUM**

**To register online:**

**Active.com**

**Or Go to:**

**Www.willardparks.com**



## Race Day Info

\$20.00 for pre- registration fee for 13 years and up. Day of race fee is \$25.00

\$15.00 for pre-registration fee for 5-12 years of age. Day of race fee is \$20.00

4 and under are free (no shirt)

On-site Registration will begin at **7:30 am** and event will start at **9:00 am**.

Participants who pre-register by **November 16 by 3PM** will receive a Turkey Trot t-shirt!

**\*\*You can register by simply completing this form and returning it to the Willard Recreation Center or mail to address below on or before November 16. You can also register the day of the race, notice price change.**

**HELD RAIN, SNOW OR SHINE!!!!**

**\*Make checks payable to Willard Care to Learn\***

*Complete one form per participant! Please return to Willard Parks & Recreation (call 742-2262 for directions) or mail to 4151 WEST DIVISION ST. SPRINGFIELD, MO 65802*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Age (as of 11/28/19) \_\_\_\_\_

**Shirt Size: (please circle) Adult: S M L XL (2X, 3X 3.00 extra) Youth Size: (Please circle) S, M, L, XL PLEASE CIRCLE: WALKER OR RUNNER**

In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs and assigns waive any/all claims for any damages which I have against the Springfield-Greene Co. Park Board, Ozark Greenways, Willard Park Board, City of Willard, Care to Learn, or any other sponsor and/or their employees for any injuries and illnesses suffered by me in this event, including those which may be attributed to weather conditions. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any lawful purpose. I have read the entry information provided and certify my compliance by my signature below. **I WILL ADHERE TO GREENE COUNTY HEALTH DEPARTMENT GUIDELINES CONCERNING COVID-19.**