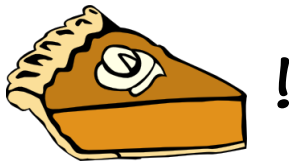


EARN YOUR



12th Annual

Registration Options:

1. Mail or deliver the \$12 fee and completed form to:

Watertown Dental Care
600 4th Street NE, Suite 207
Watertown, SD 57201

(Forms are available at Watertown Dental Care, the Watertown Community Rec Center or online at www.turkeyday5k.org)

2. Register online at **allsportcentral.com**

(Event search Hiedeman Turkey Day 5K)

3. Register on race day from 8:00 am to 9:45 am at Cornerstone Church, on the corner of 14th Ave and 11th St NE (\$15 fee on race day)

Entry Fee:

\$12 per person for mailed or delivered forms received before race day

\$15 per person on race day

\$15 per person on line at: allsportcentral.com

Start Time and Location:

10:00 am on Thursday, November 24th at Cornerstone Church (on the corner of 14th Ave and 11th St. NE, Watertown, SD)

Shirts:

Register at least 14 days prior to Thanksgiving to insure that you receive your shirt on race day. Shirts not received on race day will be mailed out approximately two weeks later.

Give Thanks:

In the spirit of Thanksgiving, share a canned or non-perishable food item to be donated to the Cornerstone Food Pantry. Race proceeds over and above our costs are also donated to the Food Pantry.

SPONSORED BY:

Hiedeman Turkey Day 5K

Watertown Dental Care

Cornerstone Church

McKeever's Vending

Prairie Lakes Hospital

Dan & Sarah Reiffenberger

Prizes!

Long Sleeved T-Shirt!

Pumpkin Pie!

Apple Cider!



Hiedeman Turkey Day 5K

www.turkeyday5k.org

A signed registration form must be filled out for EACH participant. Thank you.

Race starts at 10:00 am Thanksgiving Day at Cornerstone Church (on the corner of 14th Ave and 11th St NE)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CIRCLE ONE: Male Female CIRCLE ONE: 5K Run 2 Mile Walk

CIRCLE ONE (Age Group): (0-12) (13-19) (20-29) (30-39) (40-49) (50-59) (60+)

CIRCLE ONE (Shirt Size): Youth L Adult S Adult M Adult L Adult XL Adult XXL

FEE: \$12 before Race Day \$15 on Race Day Make checks payable to Hiedeman Turkey Day 5K

Mail or deliver payment and completed form to: Watertown Dental Care, 600 4th St NE, Suite 207, Watertown, SD 57201

SIGNATURE (Parent signature required if under 18) _____ DATE _____

In consideration of the acceptance of my entry, I do release and discharge the Hiedeman Turkey Day 5K Committee, sponsors and others associated with the race from all claims or damage actions whatsoever in a manner arising out of my participation in this event. I declare that I am sufficiently trained and physically fit to participate in this event.