

**KILLEEN PARKS AND RECREATION PRESENTS**

**2014**

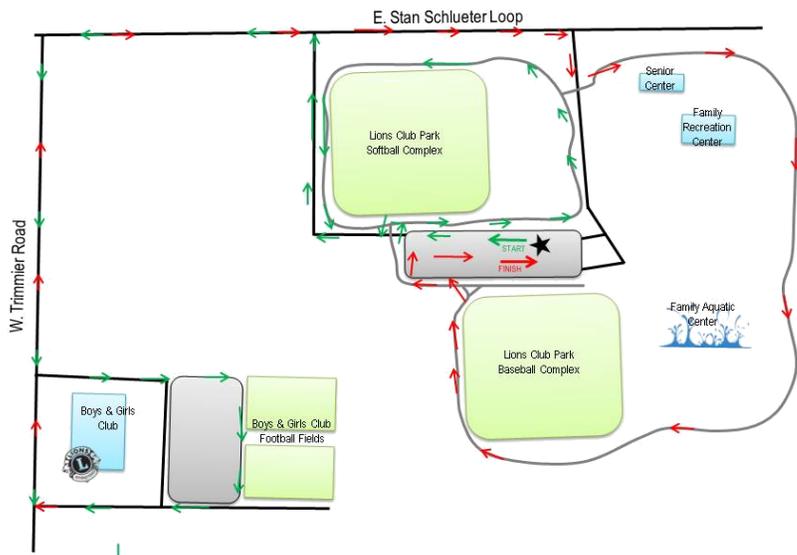
**TURKEY TROT 5K**



**SATURDAY, NOVEMBER 22ND**

**AT LIONS CLUB PARK**

<b>Entry Fee</b>	On or before November 19, 2014 at 5pm: <b>\$20.00 **CASH OR CHECK ONLY**</b> On race day, November 22, 2014: <b>\$25.00</b> No registration will be accepted Thursday or Friday, November 20-21, 2014 A t-shirt will be given to all registered participants.
<b>Packet Pick-up/Check-in</b>	Race packets <b>MUST</b> be picked up on <b>FRIDAY NOVEMBER 21st, by 10:00pm</b> at the <i>Family Recreation Center at Lion's Club Park; 1700 E. Stan Schlueter Loop</i> . Left over packets will be available at 7:00am on race day. Refreshments will be available after the race.
<b>Course: Start &amp; Finish</b>	See map below for course directions. Race begins at <i>Lion's Club Park at 8:00am</i> .
<b>Awards</b>	Awards will be given to overall male and female winners, and top three finishers in each age group as follows: (Male & Female) 0-11, 12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Older



**Register online at:**  
<https://runsignup.com>  
Search: Turkey Trot, Killeen, TX

**Make checks payable to:**  
**Food Care Center of Killeen**

**Mail entry form to:**  
Killeen Parks & Recreation  
ATTN: Turkey Trot 5K  
2201 E. Veterans Memorial Blvd.  
Killeen, Texas 76543



**TURKEY TROT 5K ENTRY FORM**

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CIRCLE ONE: Male Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 CIRCLE SHIRT SIZE: Youth Large (14-16) Adult Small Adult Medium Adult Large Adult XLarge Adult XXLarge

In consideration for the acceptance of my entry, I and my heirs, executors, administrators, and assignees, do hereby release the City of Killeen, Food Care Center, Killeen Noon Lions, Pro-Fit Event Services, its employees, officers, volunteers, agents and other activity sponsors from any and all claims, damages of every type, cause of action, costs attorney fees, and interest which now exists or hereafter, arising out of or related to acts or omissions of myself or the City of Killeen during my participation in the Turkey Trot 5K. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically and sufficiently trained to safely participate in the event. I have read and fully understand the content and meaning of this statement.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of parent/guardian (if under 18 years of age): \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO: FOOD CARE CENTER OF KILLEEN**

FOR OFFICE USE ONLY

Method of Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_