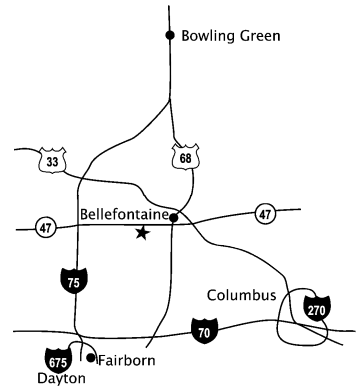




**TrailTrek**  
**5K Run/Fun Walk**  
**Sunday September 12, 2010 2:00 PM**



**Benefit:** Camp Scholarships for Kids in Financial Need (*People Helping People*)

**Course:** 5K (3.1 mile) of grass fields, gravel paths, and wooded dirt/mud trails, 1 mile course also available

**Divisions:** 5K: Men & Women 11/under, 12-16, 17-19, 20-29, 30-39, 40-49, 50-59, 60 and over  
 1 Mile: Mixed 11/under, 12-19, 20-35, 35-59, 60 and over

**Awards:** Awards will be presented to the overall 5K Male and Female, the overall 5K male and female runners per age group, and the top 1 miler per age group

**Entry Fees:** Pre-Registration (by September 3): \$15.00 includes race gear.  
Race Day: \$20.00 Race gear as supplies last.

**Online Registration Available until September 3rd at [www.speedy-feet.com](http://www.speedy-feet.com)**

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



**Contact: Heather Wood at 1-800-423-0427**

**[trailtrek@ymcacampwillson.org](mailto:trailtrek@ymcacampwillson.org)**

**Online registration at [www.speedy-feet.com](http://www.speedy-feet.com)**



**Additional Race Information at [www.ymcacampwillson.org](http://www.ymcacampwillson.org)**

**2010 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: \_\_\_\_\_

**Fees:** \$ \_\_\_\_\_ 5K(\$15) \$ \_\_\_\_\_ 1 Mile(\$15) \$ \_\_\_\_\_ Tax Deductible 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