



# SATURDAY, SEPTEMBER 9, 2017

## **TRADITIONAL 5K RUN/WALK: RACE BEGINS 8:30AM**

**7:30-8:15 AM: Race Day Registration/Package Pick-Up** This is a timed event. Awards given for top male & female finishers, Top finishers per category, for Youngest & Oldest Competitor. Awards Ceremony will follow the race - awards will not be mailed. Shirts available with registration while supplies last.

## **FALL COLOR SPLASH ▶ RACE BEGINS 9AM!**

**8:15-8:45 AM: Race Day Registration/Package Pick-Up** This is not a timed event.

Small color packets will be given to each Color Splash Participant for After Splash Celebration. Shirts available with registration while supplies last. \*To avoid getting color powder in your eyes, we suggest that you wear sunglasses or some other type of eye wear.

### Both Races Begin & End at Cashton Library!

Located at 720 Broadway Street, Cashton Wis.

Pre-registration fees (through August 25th): \$18/person & \$50/immediate household.

Registration Fees After August 25th: \$22/person & \$55/immediate household.

Completed race forms along with payment may be dropped off at the library or mailed to: Cashton Library, PO Box 234, Cashton, WI  
For more information, call Cashton Library at 608-654-5465

**THANK YOU TO OUR SPONSORS: BADGER CROSSING PUB & EATERY • BANK OF CASHTON • CASHTON BUILDING SUPPLY • CASHTON CHIROPRACTIC & MASSAGE CASHTON RECORD • CENTRAL EXPRESS - CASHTON • HANSEN'S IGA • MITBY'S TV & APPLIANCE • ORGANIC VALLEY/CROPP COOPERATIVE PHIL STRAND AGENCY-AMERICAN FAMILY INSURANCE/WESTBY • SCENIC BLUFFS COMMUNITY HEALTH CENTERS • THRIVE WELLNESS-MARTIN MYTAS D.C. • WCCU**

..... Detach Completed Form and Return With Payment to Cashton Library .....

### Fill Out The Required Information...

<u>NAME (FIRST &amp; LAST)</u>	<u>GENDER</u>	<u>AGE AS OF 9/9/2017</u>	<u>CHOOSE SHIRT SIZE:</u>	<u>PARTICIPANT WILL:</u>	<u>PLEASE SPECIFY WHICH 5K:</u>
1. _____	M F	_____	YM YL S M L XL XXL	WALK /RUN USE STROLLER	TRADITIONAL 5K COLOR SPLASH
2. _____	M F	_____	YM YL S M L XL XXL	WALK/RUN USE STROLLER	TRADITIONAL 5K COLOR SPLASH
3. _____	M F	_____	YM YL S M L XL XXL	WALK/RUN USE STROLLER	TRADITIONAL 5K COLOR SPLASH
4. _____	M F	_____	YM YL S M L XL XXL	WALK/RUN USE STROLLER	TRADITIONAL 5K COLOR SPLASH

By my signature, I/We declare full responsibility for myself/ourselves while participating in the Cashton Library 5K Run/Walk and Fall Color Splash. Furthermore, I/We waive & release any and all claims for damages against the Cashton Memorial Library, the Village of Cashton, the Fall Fest Committee and their representatives for any or all injuries that may occur in connection to this event. If this registration is for a child under the age of 18, the parent or guardian signing agrees on the behalf of the child to the afore-mentioned release.

**Printed Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone/Cell (required):** \_\_\_\_\_ **Email :** \_\_\_\_\_

**PARTICIPANTS SIGNATURE OR PARENT/GUARDIAN IF MINOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_