

**What:** 5k Run/ Walk (Approx. 3.1 miles) **When:** Sept. 9, 2017 @ 8 a.m.

Where: Main Street Parade Stage

**Event Highlights**: The Fünf K Laufen will commence at the Main St. Stage and travel throughout the streets of Concordia, highlighting both elementary schools and both high schools. Proceeds from this event will be split and donated to the four schools of Concordia and given specifically to their Athletic Departments. **WE RAISED \$470 FOR EACH SCHOOL LAST YEAR!!** 

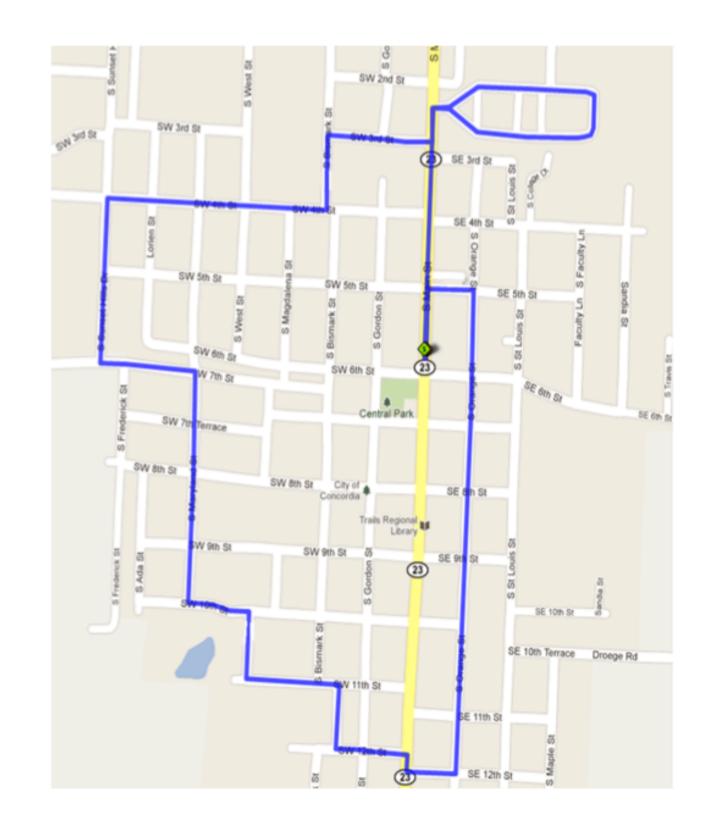
Entry Fees: Race day Registration: \$25.00 7-8 am at main stage

**Pre-Registration**: \$20.00 \*must be received on/before August 31, 2017.

**Additional Info:** No alcoholic beverages or animals allowed. If you would like to make a monetary donation to the event in addition to your registration fee, please make your checks out to Concordia Civic Club and mailed to the same address as the registration forms.

More info and registration forms can be found at: <a href="www.concordiafallfestival.com">www.concordiafallfestival.com</a>. If you have any questions contact **ZACH WOLSKI** at **660-238-3842** or <a href="www.concordiafallfestival.com">wolski41@gmail.com</a>.

(SEE REVERSE SIDE FOR RACE ROUTE)



## **REGISTRATION FORM**

Name: (please print)		<del>-</del>
Address: (street/city/state/zip)		
Phone:	E-mail:	
Emergency Contact: (name/phone)		
Registration:	T-Shirt Size	e: (adult sizes)
☐ Pre-Registration \$20.00	□s	□xL
☐ Ages 14 & under \$10.00 (youth)	□м	□xxL
☐ On-site Registration \$25.00	□L	□xxxL
Monetary donation: \$		
**Make checks payable to "Concordia Civic Civic Club, P.O. Box 586, Concordia, MO 6402  **Registration forms can also be dropped off Concordia, MO 64020**  This release and waiver is executed on the bel participating in the Fünf K Laufen. I do hereby Concordia Fall Festival Executive Board, the cir volunteer, or officials of these organizations fras a result of my participation. I further herby this event, and am physically fit and sufficient participation in the Fünf K Laufen, I require me medical personnel to provide such medical can	ow signed date. Know waive/release any an ty of Concordia, all ever om any claim of injurcertify that I have full by trained to participatedical attention, I here	wingly, and at my own risk, I am d all claims against the group, ent sponsors, and any employee, y (including death) that I may incur knowledge of the risks involved in te. If, however, as a result of my eby give consent to authorize
Signature of participant:		Date:
Signature of parent/guardian:		Date:
(Required if participant is under 18 years of age)		