

# MAYOR'S HALLOWEEN FUN RUN

## SUNDAY, NOVEMBER 3RD

**WHERE: TRAIL SOUTH OF PLUM CREEK PARK SOFTBALL COMPLEX PARKING LOT**

**Fee: \$10 (checks are accepted)**

**Registration Deadline: Oct. 28th (in order to receive a race t-shirt).**

**MAIL: REGISTRATIONS WITH CHECKS - P.O. BOX 38/ SEWARD, NE**

**DROP OFF: 142 NORTH 7TH STREET/ SEWARD, NE**

**INFORMATION: MEDALS ARE AWARDED FOR 1ST, 2ND, AND 3RD PLACE FOR EACH AGE GROUP.**

**REGISTRANTS CAN REGISTER THE DAY OF THE EVENT WITH CASH OR CHECK.**

**Any questions email [adam.bode@cityofsewardne.gov](mailto:adam.bode@cityofsewardne.gov).**

**Runners are encouraged to wear their favorite Halloween costumes!**



### REGISTRATION FORM

**6 and under** (1/2 mile run/walk - Check-In at 12:00pm)

*(Parent/Guardian is encouraged to run/walk w/ participants)*

Name \_\_\_\_\_

**7-8 year olds** (1 mile run/walk - Check-In at 12:00pm)

Name \_\_\_\_\_

**9-10 year olds** (1 mile run/walk - Check-In at 12:15pm)

Name \_\_\_\_\_

**11-12 year olds** (1 mile run/walk - Check-In at 12:15pm)

Name \_\_\_\_\_

Gender (check one)

Male \_\_\_\_\_

Female \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

#### Permission to Participate

I (we) release the City of Seward Parks and Recreation Department from all claims on account of any injuries which may be sustained by my child while participating in any city sponsored activity . If medical attention is required for injury or illness, I give my permission for such medical care. I give the Parks/Recreation Dept. my consent to take and use photographs of my child during these recreational activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_