

ALGONA • IOWA

ALGONA

5 K • R U N • W A L K

Saturday, May 6, 2017

9:00 pm

WHAT IS A GLO RUN?

A Glo Run event is a one of a kind night time experience that is less about how fast you run and more about enjoying the music filled Glo-in-the-dark course with your family & friends. Since this is a non-competitive event we are hoping to have kids & adults of all ages and abilities. So put on all Glo Gear and come join the fun. Keep an eye on Facebook and our website for other pre & post-race activities.

Location Start/Finish:

Bishop Garrigan High School (BGHS)
1224 N. McCoy Street, Algona, IA

Start Time: 9:00pm

Pre-Activities: 7:00pm- 8:30pm

Inclement Weather Date: June 3, 2017

NO REFUNDS

Please listen to **92.7** or **98.5** for weather related announcements

\$30 per person OR \$150 for team of 6

for registrations received on or before **April 7, 2017**.

\$40 per person

after said date, including day of race, and

no teams allowed after April 7, 2017

Age 6 and under are FREE

\$15/T-shirt (if desired)

Register by **April 7th** to guarantee a t-shirt by race day. Registrations received after **April 7th** may pick up t-shirt at the Algona Chamber Office after **May 12th**.

Proceeds to benefit
Algona Recreational Trail

Check out our website for more details:
alglona5k.com

Like us on Facebook
Algona 5k Run/Walk
Follow us on Twitter
@alglona5k

Race Packet Pickup at BGHS

Friday, May 5th at BGHS from **Noon-6:00pm**
Day of Race at the registration table from
7:00-8:30pm

Fee includes:

T-shirt and Glow Memorabilia

Prizes for the Gloiest:
Male, Female and Team

Questions? Email us at:
alglona5k@gmail.com

Organized by
Algona 5k Committee
Sponsored by



Keep this page for your reference

Circle One: **TEAM of 6** or **INDIVIDUAL**

Name: _____

Shirt Size: _____

1) _____
(Captain)

YS YM YL S M L XL XXL

*Phone _____

*Email _____

2) _____

YS YM YL S M L XL XXL

3) _____

YS YM YL S M L XL XXL

4) _____

YS YM YL S M L XL XXL

5) _____

YS YM YL S M L XL XXL

6) _____

YS YM YL S M L XL XXL

Additional Youth Shirts (age 6 & under, if desired) \$15 each: _____ YS _____ YM _____ YL

TOTAL AMOUNT \$ _____

Payment method (circle one) Check Credit Card

Sponsor _____

Make Checks payable to: "AIGLOna 5k"

Credit Card Number _____

Expiration Date _____

Security Code _____

Name on Card _____

Billing address _____

Signature _____

Agreement & Waiver:

In consideration of the acceptance of this entry, I hereby waive and release any and all rights and claims for damages or injuries, I or anyone whose behalf I am acting upon (teammates listed above) against any and all race officials, local municipalities, Algona Chamber of Commerce, Algona Community Schools, Bishop Garrigan High School and the Algona 5k Committee for any and all damages or losses that may be suffered by me before, during, and after this event with such release binding my heirs, creditors and assigns. I hereby grant permission to the aforementioned to use my name and/or photographs of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

*Parent or Guardian must sign for Consent if Entrant is under 18.

Captain Signature: _____ Date: _____

Return this page to:
Algona Chamber - 123 E. State St. - Algona, IA 50511

Committee Use Only	
Date Received	_____
Initials	_____
Amount Paid	_____