

Village of Gurnee 2017  
**24th ANNUAL**  
Jon Callaghan Memorial Turkey Trot  
5K fun run & walk



**SPONSORED BY**

**The Gurnee Police Department and The Gurnee Fire Department**

Come join us in this annual fund-raiser. Proceeds from entry fees will be split between the Jon Callaghan Memorial Fund and the Gurnee Community Church Youth Work Camp.

**RUN INFORMATION**

- Date:** Thanksgiving Day—November 23
- Start Time:** 8:00 am “sharp”
- Starting Line:** In front of Insurancenter, Stolarick & Company, Inc.,  
4673 Grand Avenue, Gurnee
- Check-in Time:** 7:00 am—The Gurnee Old Grand Ave. Fire Station,  
4580 Grand Avenue, Gurnee
- Entry Fee:** \$25.00 registration fee  
(age 10 and under runs/walks FREE!)  
Pre-registration ends November 20th, 2017.  
After 11-20-17 please register race day at  
the fire station.
- T-shirts:** Provided to the **first 350 paid participants  
to check in on race day**
- Payment:** (Make checks payable to the Gurnee Turkey Trot)  
**Mail check and completed waiver form to:**  
The Gurnee Turkey Trot  
325 North O’Plaine Road  
Gurnee, IL 60031
- Web site:** For more info and downloads go to [www.gurneeturkeytrot.org](http://www.gurneeturkeytrot.org)



— FORM MAY BE COPIED FOR ADDITIONAL ENTRANTS —

**Waiver:** In consideration of my participation in the “24th Annual Village of Gurnee Turkey Trot 5K Fun Run & Walk,” I, for myself, my executors, administrators, and assignees, do hereby release and discharge all race organizers, sponsors, volunteers, and benefactors of the “24th Annual Village of Gurnee Turkey Trot 5K Fun Run & Walk,” and hold and save them harmless for and against any and all actions, claims, liabilities, loss damage, expense of whatever nature, including attorney fees, which may at any time be incurred by my preparation for aforesaid race. I attest and verify my knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate in this event.

PLEASE PRINT NAME

E-MAIL ADDRESS

SIGNATURE

ADDRESS

(IF UNDER 18, PARENT OR GUARDIAN MUST SIGN)

CITY, STATE

ZIP CODE

CHECK     CASH    Please specify your payment method

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***OPTIONAL Sponsor Sheet***

Please Return Your Donations  
 No Later Than 14 Days After Event

<b><i>Sponsor Name</i></b>	<b><i>Phone Number</i></b>	<b><i>Flat Donation</i></b>
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.
_____	(     ) _____	\$ _____ pd.

Participant Name \_\_\_\_\_ Event Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Ph. \_\_\_\_\_ Eve. Ph. \_\_\_\_\_ Total \$ Collected \_\_\_\_\_

**(Make checks payable to the Gurnee Turkey Trot)**