

Spring Grove Regional Parks & Recreation Center presents



1 Mile Fun Run with the Spring Grove High School Cross Country Team and District III Champion

Saturday, September 9th, 2023 6:00pm

(Registration Begins at 5:00PM in the Pavilion)
Farmers Field Park- Paradise Township
3074 Church Road Thomasville Pa 17364

Run or walk the beautiful, paved trail with family, friends and members of the Spring Grove High School Cross Country Team and District III Champion, Ella Bahn!

Join us at the Paradise Township Farmer's Field Community Park to celebrate the end of summer and kickoff to fall! Event highlights community food trucks, live DJ, and FIREWORKS followed by an outdoor movie under the stars.



Race Fee \$10 Per Person \$5 Per Child (10 yrs and under)

Awards:

All participants who cross the finish line will receive a medal *Light Refreshments available for all race participants*

Registration Form can be found on back of flyer or on our website at www.sgrprc.com under the "Races" Tab
Register day of race or online.

Deadline to Preregister online is September 5, 2023.



Places Print Clearly





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REGISTRATION FORM

Please fill out Registration form and mail to:

Spring Grove Regional Parks and Recreation Center PO Box 349, Spring Grove, PA 17362

Tlease Time Clearly				
Name (First/ Last):				
Address:		City:	State:	Zip:
Email address:				
	Gender:	Male	Female	
	Age on race-o	day: 10yrs & ur	nder FEE: \$5.00	
		11yrs & ov	ver FEE: \$10.00	
You	Deadline	online at www.sgrprc.com und to Preregister online is September Credit card fees apply. eck accepted: Checks payable	per 5, 2023.	!
Payment Method:	CAS	SH (enclosed)	Check: Checks payable to SGRPRO	;
	CREDIT CAI	RD: \$Amount	Date of Payment Online:	
Regional Parks and Re Paradise Township fro	ecreation Center and it om all liability for any pe	ed in participating in any stren's Regional Partners, Spring (ersonal injury incurred through cation, exercise, and/or physication,	Grove Borough, Jackson Tover my participation in any Spri	wnship, and
Print Participants Nam	e:			
Signature:			Date:	
Parent/Guardian Sigr	nature if under 18 yrs	of age:		
		Office Use Only		
Paid (Circle): Ck:#	Cash Rcpt #	CC TRXS#	Total Amount: \$	Date: