



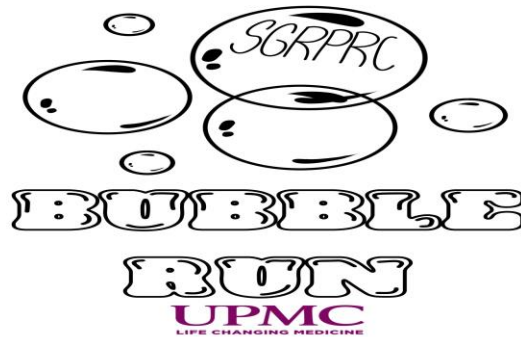
Spring Grove Regional Parks &
Recreation Center
presents

Farmer's Field Community Park 1 Mile Bubble Fun Run

Friday, June 7th, 2024

7:00pm

Registration begins at 6:15PM in the small pavilion next to the concessions building.



Farmers Field Park- Paradise Township
3074 Church Road Thomasville Pa 17364

Run or walk the beautiful, paved trail with family and friends while the bubbles rain down!

Join us at the Paradise Township Farmer's Field Community Park Summer in Paradise social event to celebrate the start of summer! Event highlights community food trucks, live DJ, Bee Program, raffles, and a kids flashlight candy hunt at dusk followed by FIREWORKS!

Run Sponsored by



Race Fee

\$12 Per Person

\$8 Per Child (10 yrs and under)

Awards:

All participants who cross the finish line will receive a prize.

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 for GUARANTEED T-Shirt is May 28, 2024.

Deadline to Preregister online is June 5, 2024.



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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

Please Print Clearly

Participants Name (First/ Last): _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email address: _____

Gender: ☐ Male ☐ Female

T-Shirt Size: ADULT Size: _____ YOUTH Size: _____

T-Shirt Color: ☐ Blue ☐ Purple

Age on race-day: ☐ 10yrs & under **FEE: \$8.00** ☐ 11yrs & over **FEE: \$12.00**

You may pay/Preregister online at www.sgrprc.com under "Tickets and Events" tab!
Deadline for GUARANTEED T-shirt is May 28, 2024. Deadline to Preregister online is June 5, 2024.

Credit card fees apply.

Cash or Check accepted: Checks payable to SGRPRC

Payment Method: ☐ CASH (enclosed) ☐ Check: *Checks payable to SGRPRC*
☐ CREDIT CARD: \$ _____ Amount Date of Payment Online: _____

Participant Waiver:

I fully understand and accept the risks involved in participating in any strenuous activity and I absolve the Spring Grove Regional Parks and Recreation Center and it's Regional Partners, Spring Grove Borough, Jackson Township, Paradise Township and Seven Valleys Borough from all liability for any personal injury incurred through my participation in any Spring Grove Regional Parks and Recreation Center sponsored education, exercise, and/or physical activity program.

Print Participants Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Signature if under 18 yrs of age: _____

Office Use Only

Paid (Circle): Ck:# _____ Cash Rept # _____ CC TRXS# _____ Total Amount: \$ _____ Date: _____