



Spring Grove Regional Parks  
&  
Recreation Center  
presents

# 1 Mile Pumpkin



## Glow Fun Run

Friday, October 13th, 2023

8:15PM

(Check-In Begins at 7:30PM in the Pavilion)

**\*Pre-Registration is required. No Race Day Registration**

**Glow attire suggested**

Little Creek Community Park  
1657 PA-116, Spring Grove, PA 17362

**SPONSORED BY**



**UPMC**  
LIFE CHANGING MEDICINE



**1 Mile Run/Walk**

\$20 Per Adult (11yrs +)

\$15 Per Child (10 yrs and under)

*\*Registration includes race shirt and glow stick*

**Run or Walk the Little Creek Community Park paved trail lined with family friendly carved pumpkins as you race around the park!**

### Awards:

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

*\*Light Refreshments available for all race participants\**

Registration Form can be found on back of flyer or on our website at <http://sgrprc.com/> under the "Races" Tab

To Register online go to tickets & events on our website!

Deadline to Register is October 3<sup>rd</sup>, 2023.

**Preregistration only-No Race Day Registrations**



# GLOW

## 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

Participant Name (First/ Last): \_\_\_\_\_

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

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

Gender:  Male  Female

Age on race-day:  10 & under  11yrs & over

T-shirt size:

ADULT:  S  M  L  XL  XXL

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Entry Type:  Run  Walk

**1 Mile Run/Walk**  
\$20 Per Person  
\$15 Per Child (10 yrs and under)

**\*Registration includes race shirt and glow stick**

You may pay/register online at [www.sgrprc.com](http://www.sgrprc.com) under Tickets and Events tab!  
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, and Paradise Township 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: \_\_\_\_\_