★ CHIP TIMING ★

★ USATF CERTIFIED COURSE ★

★ T-SHIRTS ★

Race Begins
8:00am

ONLINE REGISTRATION:
http://www.active.com/springfield-ky/running/distance-running-races/sorghum-shuffle-2017

Early Registration Fee (due by September 16th)	$20 for Adults	$15 for Students (18 and under)
Late Registration Fee (due after September 16th)	$25 for Adults	$20 for Students (18 and under)

The Course: Start/finish line will be in front of Mordecai's restaurant on Main Street in Downtown Springfield.

T-shirts & goodie bags are guaranteed for the first 100 people registered.

Race Day: Packet pickup and registration will be from 7:00 - 7:45am in front of The Opera House on Main Street in Downtown Springfield. The race will be held rain or shine and begin promptly at 8:00am.

Awards: Awards will be given to the overall male and female winner as well as 1st, 2nd and 3rd place male and female winners in each age division.

Results: Results will be available at www.headfirstperformance.com.

Name:_____

Address:_____ City:_____ State:____ Zip:_____

Phone:_____ Email:_____

Gender: M F (circle one) T-Shirt Size: 1st Choice _____ 2nd Choice _____

Age on race day: _____ Age Divisions: 12 & Under 13-17 18-24 25-29 30-34 35-39 40-44 45-49 50-55 56+

Waiver of Liability: In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby for myself, my heirs, my executors, and administrators, do waive and release forever any and all rights and claims for damages I may accrue against all persons and agencies – namely, Springfield-Washington County Chamber of Commerce and others involved with promoting the race as listing by name, their successors, representatives, and assignees for any and all injuries suffered by me while traveling to and from and while participating in The Sorghum Shuffle 5K on Saturday, September 30, 2017 in Springfield, Kentucky. I attest and verify I have full knowledge of the risk involved in the event and that I am physically fit and sufficiently trained to participate in it.

Signature:_____ Date:_____

Signature of Parent, if under 18 years of age:_____

Please send or drop off forms and check to:

Springfield-Washington County County Chamber of Commerce • 124 W Main St • Springfield, KY 40069 • 859-336-5412 ext. 5