

**TRICK or TROT PARTICIPANT REGISTRATION - PART A**  
 (TO REGISTER ONLINE [www.FleetFeetSavannah.com/races/trick-or-trot-5k](http://www.FleetFeetSavannah.com/races/trick-or-trot-5k))

**NOTE: IF YOU WISH ONLY to DONATE and NOT RUN or WALK, USE PART B >>>**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  MALE  FEMALE

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth (Mo/Day/Yr): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone(s): \_\_\_\_\_

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

ADULT SHIRT SIZE:  XXL  XL  L  M  S

(CHECK ALL THAT APPLY)  5k Run  5k Walk  10k Run  Volunteer

In consideration of your accepting me/my child's registration, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Savannah Sunrise Rotary Club and Race sponsors, including representatives, who are in any way connected with this event. Further, in the event of any injury, I do hereby give my permission and consent to authorize such First Aid and/or medical and/or hospital care or treatment as deemed appropriate. In addition, I am fully aware of the provisions covered by the fee for this event, and understand that if any emergency arises, any additional expenses incurred must be assumed by the participants.

**RELEASE:** I, the undersigned, do hereby consent and agree that Savannah Sunrise Rotary Club, its members, have the right to take photographs of me participating in the annual Trick or Trot Road Race and to use these in any and all media, now or hereafter known, and exclusively for the purpose of publicizing this event and other Savannah Sunrise Rotary charitable endeavors. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Savannah Sunrise Rotary Club, all rights to exhibit these images in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent publication.

I also understand that Savannah Sunrise Rotary Club is not responsible for any expense or liability incurred as a result of my participation in this event, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

\_\_\_\_\_  
 Signature of Participant Date

\_\_\_\_\_  
 Signature of Parent or Legal Guardian for those under age 18 Date

**ENTRY FEES**

**CHECK ENCLOSED for:**

**5k** \_\_\_\$25 / \_\_\_\$30 (After Oct. 12)

**10k** \_\_\_\$35 / \_\_\_\$40 (After Oct. 12)

**\$ \_\_\_\_\_ TOTAL Check Amount Enclosed**

Contact me regarding potential Rotary membership.

Make checks payable to Savannah Sunrise Rotary Club. Send check **with registration form** to:  
**Savannah Sunrise Rotary Club P.O. Box 1592 Savannah, GA 31412-1592**

**NOTE: If you prefer to register online, visit [www.fleetfeetsavannah.com/races/trick-or-trot.com-5k](http://www.fleetfeetsavannah.com/races/trick-or-trot.com-5k)**

**TRICK or TROT DONATION FORM - PART B**

**I WOULD LIKE to MAKE a DONATION to TRICK or TROT to help support the worthy programs of Savannah Sunrise Rotary Club.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

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

**CHECK ENCLOSED for:**

\$25  \$30  \$35  Other \$ \_\_\_\_\_

**\$ \_\_\_\_\_ TOTAL Check Amount Enclosed**

Make checks payable to Savannah Sunrise Rotary Club. Send check with this form to:  
**Savannah Sunrise Rotary Club P.O. Box 1592 Savannah, GA 31412-1592**



**RACE DATE is Saturday, October 20th 8:00 a.m.**  
**LOCATION: Islands Family YMCA**  
**66 Johnny Mercer Blvd.**

*Both races are timed, but not certified.*

**IMPORTANT: The race begins promptly at 8:00 a.m.** Packets (including T-shirt for participants only) may be picked up in advance on Friday, Oct. 19th from 10 a.m. - 7:00 p.m. at . . .  
**Fleet Feet Sports,**  
**3405 Waters Ave. Savannah, GA 31404**  
**(912) 355-3527**

**RACE DAY REGISTRATION and packet pick-up is 6:30 a.m. - 7:30 a.m. at Islands Family YMCA.**

**WALKERS - Please start at the rear of the field.**

## Sponsorships available are as follows:

**\$2,000 Title Sponsor** One Only  
Prominent Logo on T-shirts, all banners and promotional materials, 8 race entries, company promotion inserts in all race day gift bags, 8 complimentary t-shirts, optional race day display.

**\$1,000 Platinum** Three Only  
Logo on T-shirts, all banners and promotional materials, 5 race entries, company promotion inserts in all race day gift bags, 5 complimentary t-shirts, optional race day display.

**\$500 Gold** Unlimited  
Logo on T-shirts, in all promotional materials, 3 race entries, company promotion inserts in all race day gift bags, 3 complimentary t-shirts

**\$300 Silver** Unlimited  
Name in all promotional materials, 1 race entry, company promotion inserts in all race day gift bags, 1 complimentary t-shirt

**\$100 Bronze** Unlimited  
Name in all promotional materials, company promotion inserts in all race day gift bags

**\$50 Ghost** Unlimited  
Company promotion inserts in all race day gift bags

**You may make your donation by credit card at [www.TrickorTrot.net](http://www.TrickorTrot.net)—Or mail a check to:**

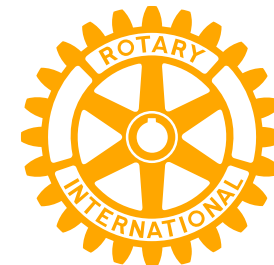
Savannah Sunrise Rotary Club P.O. Box 1592  
Savannah, GA 31412-1592



## 2018 REGISTRATION and DONATION FORM

Presented by the  
Rotary Club of  
Savannah Sunrise

FLEET FEET  
SAVANNAH



**Saturday, OCTOBER 20th 8:00 a.m.**

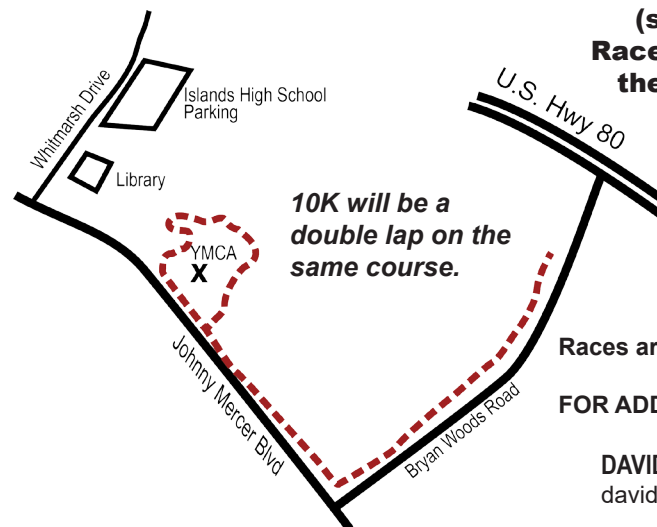
### Islands Family YMCA

66 Johnny Mercer Blvd. Whitmarsh Island

#### PROPOSED COURSE

(subject to change)

Race start and ends at  
the Islands Family YMCA



Races are timed, but not certified

FOR ADDITIONAL INFORMATION:

DAVID T. LOCK - Race Director  
davidtlock@aol.com

(912) 656-8202