



Packet Pick Up

You can skip the morning rush, or sleep in later on December 15th by picking up your race packet early at Seymour CrossFit!

Come by on December 14th from 12:00 pm to 5:00 pm to receive your packet

Address:

209 East Second Street,
Seymour IN 47274

Race Director

Brian Terrell

btbt2323@yahoo.com

*Seymour
Main Street's*



5K Walk & Run for all ages!

December 15, 2018 at 9:00AM



Date

Saturday, December 15th 2018

Registration Time & Location

December 15th 8-8:45 AM at

One Chamber Square

101 S Chestnut St

Race Start Time

9:00 am

***After party immediately following the race at
One Chamber Square!***

Sign Up Online:

www.indianatiming.com



Jingle All The 5k Registration

Registration Form

Jingle All The 5k Cost

Online

www.indianatiming.com

Mail in: Complete & Sign
Registration Form

Day of Event Registration:

8:00-8:45 am at One Chamber
Square

Location

Start and Finish downtown
Seymour. We will start and end
at One Chamber Square which is
located at 101 S Chestnut St in
Seymour.

With an after party that will be
held at the same location.

Race Results

Results will be announced timely
and posted at the race. Indiana
Timing will be timing the event
and the results will be posted at
www.indianatiming.com by 5pm
day of race.

Participation “medals”, sock hats
(first 100 adults only, due to hav-
ing adult sizes only) , and jingle
bells will be given. Please wear
your hat and the jingle bells (on
shoe laces, etc.) the day of the
race!!



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Age: _____ Gender: _____

In consideration of accepting this entry form, I hereby
release, discharge, and agree to hold free and harmless
the City of Seymour, Seymour Main Street, and its
Board members, any sponsors of the event, volunteers,
and any agents or employees of the parties named,
from any and all liability for injuries and/or damage to
property and/or person, suffered by me as a result in
participating in this event. I verify that I am physically
able to compete in this event. I also understand and
agree that my name maybe used for publicity for this
event. I further understand and agree that all entry fees
are non—refundable.

Signature: _____

Parent’s Signature if under 18 years of age

Date: _____

Make check payable to:
Seymour Main Street

Where to mail the registration form:
Seymour Main Street
PO Box 1001
Seymour, IN 47274

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| _____ | Adult \$20.00 |
| _____ | Junior (15 & Under) \$5.00 |
| _____ | Family Package (2 Adults and Kids) \$40.00 |
| _____ | Adult—Day of Race \$25.00 |
| _____ | Junior—Day of Race \$7.00 |
| _____ | Total Donation |



See you at the race!