



5K WALK/RUN



Alfa Foundation is a non-profit organization whose purpose is to assist Trinity Services as it helps developmentally disabled adults live full and abundant lives. Program opportunities include job training at Silver Creek Mill, skills for independent living, horticulture, wood shop, recycling, equestrian therapy, fine art and music, many other enrichment activities and community residential services.

This run will kick off the Scarecrow Festival celebrating Phase 1 of Trinity Gardens & Farmstead.

DATE: Saturday, October 1, 2011 at 9:00 a.m. Registration begins at 8:00 a.m.

WHERE: Trinity Gardens & Farmstead
1187 Zimmermann Rd., Mascoutah, IL (go east on Rt. 177 approx. 4 miles out of town.
Right (or south) onto Liebig School Rd. approx. 1 mile to Zimmermann Rd.)

AWARDS: Medals to the top three finishers in each age category and overall winner - male and female.

CATEGORY: 15 and under; 16-19; 20-29; 30-39; 40-49; 50-59, 60+

FEES: \$20 if received before September 15 - will also guarantee a T-shirt
\$25 after September 15 or on race day

SPONSORS: \$25 sponsorship gets your name posted on signs along race route; \$100 sponsorship gets your name posted on signs along race route and on back of T-shirt.

CHECKS: Make payable to ALFA FOUNDATION. Mail check and completed bottom portion of form to:
c/o Cindy Petterson
ALFA 5K WALK/RUN
8444 Dupont Lane
Belleville, IL 62223

Download a registration form: www.silvercreekmill.org. and to learn more about Trinity Services.

SPONSOR: Name/Company _____ 1K(\$25) _____ 5K(\$100) _____
ADDRESS: _____ PHONE: _____

T-Shirt size (circle one): Child: (one size for all) Adult: S M L XL XXL

ALFA 5K WALK/RUN REGISTRATION FORM

NAME: _____ SEX: (M) _____ (F) _____ AGE ON 10/1/11 _____
ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____

Liability Waiver (Must be signed by participant or parent/guardian if under 18): I, the undersigned participant, on behalf of myself, my heirs, legates and assigns, hereby agree to indemnify, save and hold harmless Trinity Services, Inc., Silver Creek Mill, alfa Foundation and any of their agents, representatives, employees, or assigns, for my health, safety or injury and or disability arising out of or resulting from participation in this program. In the event of an injury and a parent/guardian cannot be reached I authorize Trinity Services to obtain medial care. I also authorize any photos taken of myself, the participant, to be used in any promotional materials by Trinity Services, Inc.

Participant/Guardian signature: _____ Date: _____