## The Spooky ShuffleCHIP TIMING INCLUDED5k Trail Run/Walk & 10K Trail Run



## Friday, October 15, 2021

RACE LOCATION:	Western Wisconsin Health Community Trail: 1100 Bergslien Street Baldwin, WI 54022		
Time / Packet Pickup:	The 10K will start promptly at 5:30 pm. The 5K will start promptly at 6:00 pm. Packet pickup and race day registration will begin at 4:30 pm behind the Fitness Center.		
Course / Safety:	Both races will be run on 95% trail (a combination of mowed and hard packed trails). You will run briefly		
Course / Salety.	on a black top surface. Please note this race is at dusk so headlamps may be necessary depending on		
	how long it takes you to finish the course. The 10K is two loops	s of the 5k course.	
Entry Fee:	<ul> <li>Early Bird Pricing (prior to September 15): \$25</li> <li>September 15 to October 8: \$30</li> </ul>		
	October 9 to Race Day: \$35		
Shirts:	Long sleeve. Shirts (sizes and availability) are only guaranteed to those registered by October 4.		
Awards:	<b>COSTUME CASH PRIZES:</b> There will be a \$50 cash prize for the top two costumes!		
	There will be a judges table open from 5:00 pm to 6:00 pm. You do not need to register for the costume contest, just make sure you walk by the judges table during that time frame.		
	Medals for overall winners plus the top three male and female in the following age categories: 19 and under, 20–29, 30-39, 40-49, 50-59 and 60+ for both the 5k and 10k.		
	There is NO separate walking and running division.		
Please cut off and mail with payment to: Spooky Shuffle, Western Wisconsin Health, 1100 Bergslien Street, Baldwin, WI 54002			
Which race will you participate in: 🗌 5K Run/Walk or 🗌 10k Run			
Name:	Sex:	Age on race day:	
Address:	City:	State Zin	
Additional Donation (proceeds toward outdoor equipment): <u>SHIRT SIZE</u> : Adult: S M L XL XXL Youth: S M L			
Signature:			
Parent or Guardian if under 18:			
Waiver: "I understand that running a race is a potentially hazardous activity. I assume all risks and responsibilities for injuries I may incur as a direct or indirect result of my participation in this event. I certify that I am physically fit and sufficiently trained to enter this event. By my			
signature I waive and release the City of Baldwin and Western Wisconsin Health, all employees and all sponsors from all claims and liabilities arising from my participation in this event. I agree and rescue expenses I may incur.			
		<b>ERN WISCONSIN HEALTH</b> 1100 Bergslien Street • Baldwin, WI	
	n register online at www.runsignup.com/Race/WI/Baldwin, un or mail in the registration form	715-684-1111 wwhealth.org	
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SpookyShuffleTrailRun or mail in the registration form. Please make checks payable to: **Western Wisconsin Health**