

TOWN OF PALM BEACH UNITED WAY
16TH ANNUAL

Turkey Trot

THURSDAY, NOVEMBER 28, 2024

GIVE THANKS WHILE GIVING BACK

Your registration will provide Thanksgiving meals for families in need!

Name: _____

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

Cell Phone: _____ Email: _____

Gender: M F T-Shirt Size (unisex): XS S M L XL XXL

Birthday: ____/____/____ Age on race day: _____

Registration Fees

Register early. The race sells out every year.

- Now – September 30, 2024\$40
- October 1-31, 2024\$50
- November 1-28, 2024\$100
- Drumstick Dash ages 6 and under\$5

I can't be there for the race. Please accept my tax-deductible donation of \$_____, to help provide meals for families this Thanksgiving.

Make checks payable to Town of Palm Beach United Way – OR – Credit Card: Visa Mastercard AmEx Discover

Name on Card: _____ Total Amount \$ _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address (if different from above): _____

Signature: _____

Please sign the waiver statement below:

In consideration of this entry, being accepted, I hereby for myself, heirs, executors, and administrators waive and release any claims that I may have against the Town of Palm Beach United Way, the Town of Palm Beach, Milestone Race Authority, or any of the sponsors involved in the Town of Palm Beach United Turkey Trot 5K and Drumstick Dash. I certify that I am physically able to participate in this event. I understand that **this event does not provide refunds** in the event of a cancelation or if the race is virtual, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event.

Signature: _____ Date: _____

Parent's Signature if under 18 years: _____ Date: _____

Please complete the information above and return via mail, email or fax.

Online registration is available at www.palmbeachunitedway.org



Town of Palm Beach United Way
 44 Coconut Row, M201, Palm Beach, FL 33480
kristenperrone@palmbeachunitedway.org
 Ph: (561) 655-1919 Fax: (561) 655-1740 www.palmbeachunitedway.org

Additional Runner Registrations

Name: _____

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

Cell Phone: _____ Email: _____

Gender: M F T-Shirt Size (unisex): XS S M L XL XXL

Birthday: ____/____/____ Age on race day: _____

Name: _____

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

Cell Phone: _____ Email: _____

Gender: M F T-Shirt Size (unisex): XS S M L XL XXL

Birthday: ____/____/____ Age on race day: _____

Name: _____

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

Cell Phone: _____ Email: _____

Gender: M F T-Shirt Size (unisex): XS S M L XL XXL

Birthday: ____/____/____ Age on race day: _____

Name: _____

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

Cell Phone: _____ Email: _____

Gender: M F T-Shirt Size (unisex): XS S M L XL XXL

Birthday: ____/____/____ Age on race day: _____

5K Race Participants _____

Drumstick Dash Participants _____

Total Payment Amount: \$ _____