



**Lancer Twilight Classic**  
**3k Run/Walk (1.86 miles)**

**Friday March 18<sup>th</sup> at 6:30 PM**

**Immanuel Lutheran School**

**1964 W Pearl City Rd.**

**Freeport, IL 61032**

[www.ourgodwithus.org](http://www.ourgodwithus.org)



**Awards:** Trophies to top 3 overall male/ female and top Masters male /female overall. "Wyatt Martin" Award to first place Immanuel Lutheran male/female student. Medals to the top 3 in the following age groups: 6 & under, 7-8, 9-10, 11-12, 13-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over

**Registration and Fees:** Pre-registered by Saturday March 12<sup>n</sup> - \$15.00 (\$10 for Pre-registered Immanuel Lutheran Students.) Late Registration and Race Day - \$20.00. Race day registration and packet pickup will be in the school cafeteria from 5:15PM to 6:15PM.

**\*\* Free event drawstring backpack to first 250 registrations \*\***

**\*\* Post race party and awards in the school gym \*\***



**Questions/Volunteer:** Contact Dave Brobst - email: [dbrun68@gmail.com](mailto:dbrun68@gmail.com) phone: (815)541-3460

Event will be held rain or shine. In the event of extreme weather and the event needs to be cancelled, thank you for your donation.

Official Entry Form (Please Print Clearly)

Checks payable to **Immanuel Lutheran School**. Mail to **Dave Brobst 1234 W Lincoln Freeport, IL 61032**

Mail entry fee or Online Registration available at [www.GetMeRegistered.com/LancerTwilightClassic](http://www.GetMeRegistered.com/LancerTwilightClassic)

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

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

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Age on 3/18: \_\_\_\_\_ Circle: M or F Phone # \_\_\_\_\_

Waiver(Must be signed): I understand there are inherent risks in participating in any road race. In the consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees, do hereby release, Immanuel Lutheran Church and School, the City of Freeport and all sponsors, their representatives and successors for all claims and damages, demands, actions, whatsoever in any manner arising or growing out of my participation in the events of the Lancer Twilight Classic. I attest and verify that I have knowledge of the risks involved in the event, I am physically fit and have sufficiently trained to participate in this event. I further grant full permission to the above mentioned sponsor(s), organizers, and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose.

Signature (Parent's signature if under 18)

Date