



Fulton County Homecoming Festival Squirt Race

Saturday
May 26, 2018

- Location:** Salem, Arkansas (Fulton County)
- Course:** Run begins and ends on the court square in Salem. The course will be marked with race workers along the route. Ages 8-10 approximately 1 mile, ages 4-7 and stroller approximately ½ mile.
- Pre-Registration:** All runners are encouraged to pre-register if possible. Fill in the requested information below, sign, and return this sheet to North Arkansas HomeCare. Enclose entry fee – Check, Cash, or Money order. T-shirts may be picked up at North Arkansas HomeCare before race day.
- Late Registration:** Registration will begin at 9:15 am at the registration table, which will be set up on the north side of the court square in downtown Salem. The race begins promptly at 10:00 am by clock at the Bank of Salem.
- Entry Fee:** \$10.00 at the time of registration. Registrants get a specially designed 2018 Squirt Race shirt.
- Prizes:** Trophies will be awarded to the top 3 finishers in 5 divisions:
boys (ages 4-7 & 8-10) girls (ages 4-7 & 8-10) and strollers.

Sponsors: North Arkansas HomeCare, Gross Therapy Services, Inc., Scribner Family Practice Clinic, Early Horizons Child Development Center, Family Healthcare – Tamra Ward, APN-BC, Tri-County Medical Supply & Respiratory Services, Dr. Griffin Arnold, Dr. Guy Smith, 1st Choice Health Care, Leslie Drugs, White River Area Agency on Aging, Nurse Practitioners Family Clinic, Salem Family Clinic – Dr. Michael Moody & Dr. David Kauffman, FCH & North Arkansas Family Clinic-Renee Crowl, APN & Venita Ninemire, APN.

FOR MORE INFORMATION CONTACT:
North Arkansas HomeCare 870-895-2273

Name: _____ Telephone: _____

Address: _____
(Street or Box) (City) (State) (Zip)

Sex: _____ Age: _____ Shirt Size: _____

By signing this entry form I hereby for myself, my heirs, assigns and administrators, waive and release any and all right and claim for damages, demands for any injuries suffered by me while participating in and traveling to said event. I also give permission for the free use of my name and/or picture in any account of this event. I certify that I prepared myself for this activity, and that I will not participate in the event unless I am in adequate physical condition to complete the event on May 26, 2018.

Signature :(guardian for minor) _____ Date: _____