

THOUSAND ISLANDS ZOMBIE WALK

CAPE VINCENT, NEW YORK

Saturday, October 7th 2017

LOCATION: Start and finish are at Cape Vincent Fire Department - 241 Broadway St, Cape Vincent, NY
2.5 mile walk to Tibbetts Point Lighthouse and 2.5 miles back (shuttle service back may be available)

<p>PRE - REGISTRATION: by September 21st Students – 18 & Under: \$15; Adults – 19 & Up: \$20 DAY OF Students – 18 & Under: \$20; Adults – 19 & Up: \$25</p>	<p>1ST, 2ND & 3RD PRIZE WILL BE AWARDED FOR BEST SELF-MADE ZOMBIE PRIZES ALSO AWARDED FOR OTHER COSTUMES!</p>	<p>REGISTRATION & MAKE-UP 9AM – 11:30AM FREE ZOMBIE MAKE UP BY THE ANNULMENT MAKE UP ARTISTS The walk begins at Noon THIS EVENT IS NOT TIMED</p>
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MILITARY DISCOUNT \$5 OFF

INCLUDED WITH REGISTRATION:

T-shirts (guaranteed when you pre-register)

Lunch (Pulled Pork sandwiches from Texas Roadhouse) & Refreshments (water, soda, cider)

Gift Bags for all walkers – prizes, treats & local coupons

Kids get FREE access to our Kids Zone (\$5 without walker registration)
pumpkin painting, games: triple stacker, roll about, can collapse, photo booth & more!

THIS EVENT WILL BENEFIT THE SNUG HARBOR WINTER COAT

Call Stacie Luchini with any questions 315.870.5463 | Please fill out & sign the waiver below, and mail payment to Snug Harbor at 28709 County Route 6 Cape Vincent, NY 13618

Name: _____ DOB: ___/___/___ Age: _____ Sex: M ___ F ___
Street Address: _____
Email: _____ Phone () _____

T-shirt size (mark 'A' for adult or 'Y' for youth sizes): ___:S ___:M ___:L ___:XL ___:XXL

Please make checks payable to Kenny Albro Memorial Fund. Please sign below: In consideration of accepting the entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the event directors, the town and village of Cape Vincent, Kenny Albro Memorial Fund, Snug Harbor and Cape Vincent Fire Department for any and all injuries that may be suffered as a result of my participation in the walk/run. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate.

Signature (Parent's if under 18): _____ Date: ___ / ___ / ___

PLEASE RETURN FORM BY SEPTEMBER 21st to guarantee your tshirts!