



**THANKSGIVING WEEKEND  
FRIDAY, NOVEMBER 29, 2024**

Register at 10am | Event at 11am  
Meet at the Lakeside Activity Center  
541-595-5879 | 541-595-1282

Join us for the annual **TURKEY TROT FUN RUN & WALK**. Meet at the Lakeside Activity Center. This years event is a fundraiser for Street Dog Hero. **Fee is \$10 per person, plus one canned food item for the local food bank.**

**There will be a raffle for participants immediately after the event.** The event is not timed. Friendly, leashed dogs are welcome. Be cautious of wet and or icy conditions.

**THE SHORT COURSE**, approximately 1.2 miles, is from the Lakeside Activity Center to the Big Meadow Clubhouse, and returns the same way. This route is primarily intended for kids 12 years and younger and walkers.

**THE LONG COURSE** is from the Lakeside Activity Center, to the Clubhouse, across the meadow, back on the bike path toward the General Store, staying on the bike path, and returning to the Lakeside. This route is about 3.5 miles.



**REGISTRATION FORM**

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BBR Recreation  
PO Box 8000,  
Black Butte Ranch, OR 97759  
541.595.5879  
7 miles west of Sisters OR on Hwy 20  
[BlackButteRanch.com](http://BlackButteRanch.com)  
[Recreation@BlackButteRanch.com](mailto:Recreation@BlackButteRanch.com)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Age on Race Day \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian if under 18 years of age

Signature \_\_\_\_\_ Date \_\_\_\_\_

In consideration of acceptance of my entry in the race: I hereby agree to comply with the rules and regulations of the event and the instructions of the director. I am aware that this run is strenuous for even well conditioned athletes under the most favorable conditions. I hereby attest and certify that I am physically fit and sufficiently trained for this race. I therefore waive, release, and discharge any damage to me or my property, for liability, for damage caused by me or anyone else arising from my participation in this event and related activities. I will assume and pay for my medical and emergency expenses in the event of an accident, illness, or incapacity, regardless of whether I have authorized such expenses.