

Lisbon KRAUT ROUTE – 5k Run/Walk –

***** New this year – VIRTUAL and LIVE RACES!!!! *****

Sponsored by Nolz Chiropractic

Resilience
Strength = **Us**

Virtual Race is a 5k, run from Aug 1-10. Please report results to getmeregistered.com/LisbonKrautRoute5k, or report on this form by August 13.

WHEN: Saturday August 15, 2020

Race time: 8:00 am

On-site registration 7:00 – 7:45 am

WHERE: Lisbon City Park, South Jackson Street, Lisbon, IA

ENTRY FEE: Advance Registration: With T-shirt \$20 Without T-shirt \$15
Day of Race: With T-shirt \$25 Without T-Shirt \$20
Shirts and sizes not guaranteed after August 1
Virtual 5 K run/walk with T-shirt \$20 Without T-shirt \$15
Cross country and track team members: \$15 with T-shirt Without T-Shirt \$10

AGE DIVISIONS: **5K Competitive Walk** – Men’s & Women’s Divisions (*Walkers will be expected to disqualify themselves if they run, even just a little*)

5K Run 14 & Under; 15 – 19; 20 – 29; 30 – 39; 40 – 49; 50 – 59; 60 & Over

Prizes awarded to overall top male and female runner and to each division winner

Refreshments will be provided at the park following the race.

For more information, contact Sue Nelson (319) 640-0863 or email suejnelson02@gmail.com, or Liz Olsem (319)361-0892 or email jeolsem@msn.com

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**\*\*\*\*\* Masks are recommended at the start of race. Use your personal discretion regarding mask removal after the running crowd thins. \*\*\*\*\***

## **KRAUT ROUTE 2020 – 5K RUN/WALK ENTRY FORM**

**Saturday, August 15, 2020**

**Only one entrant per form. Mail to Sue Nelson, 506 East South Street, Lisbon, IA 52253**

**Or go online to [getmeregistered.com](http://getmeregistered.com) (need the link)**

Name \_\_\_\_\_ *Circle one* M F Birth date \_\_\_\_\_ Age \_\_\_\_\_

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

Email Address \_\_\_\_\_

T-Shirt Size (Circle one) **Adult Small – Medium – Large – XL - No Shirt**

I plan to participate in: 5K Run \_\_\_ 5K Walk \_\_\_ Virtual Run \_\_\_ Virtual Walk \_\_\_ Time \_\_\_\_\_

I hereby release the City Of Lisbon and all volunteers from illness or injury that I may sustain while participating in the Sauerkraut Days 5K Run/Walk. By signing below, I am also signifying that I am in proper physical condition to participate.

Participant Signature and Date \_\_\_\_\_

Parent or Guardian if under 18 years of age \_\_\_\_\_

Make Checks Payable to: **Lisbon Sauerkraut Days**

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