



22nd Annual Family of New Paltz 5k Turkey Trot

Sponsored by New Paltz Health & Nutrition Center and Kniffen Homes

THANKSGIVING MORNING NOVEMBER 27th



Register online at www.newpaltzturkeytrot.com or Sign Up Today - ALPHA WIN

Completed forms can be mailed to or dropped off at: Family of New Paltz, 51 North Chestnut Street, New Paltz, NY 12561 or fax to: 845-255-3498

Bib pickup @ Jewish Community Center, 30 North Chestnut Street, New Paltz, NY 12561 on Wednesday November 26th 12pm-6pm

More information at: www.newpaltzturkeytrot.com, or call (845) 255-7957

Register for the 2025 Turkey Trot!	Length	Early Registration Price (Closes 10/31/2025)	After 11/1/2025
Chip-Timed 5k Run/Walk <i>Chip Timing by alpha.win; Register by 10/31/25 and includes a FREE winter hat</i>	5K (3.1 miles)	\$30 – ages 13-64 \$20 - ages 12 & under and 65 & older	\$35 – ages 13-64 \$25 - 12 & under & 65 & older

First Name _____ Last Name _____ Gender ☐ M ☐ F ☐ NB
 Street Address _____ City _____ State _____ Zip Code _____
 Email Address _____ Phone _____
 Age on race day _____ Emergency Contact _____ Phone _____

Register early to guarantee a winter hat! OCTOBER 31, 2025 - LAST CHANCE TO RECEIVE A FREE WINTER HAT WITH YOUR PAID REGISTRATION - ENVELOPES MUST BE RECEIVED BY THAT DATE!

Registration fee (non-refundable)	\$ _____	Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER
Amount for extra winter hats (\$20) each by 10/31/25	\$ _____	Card number _____ Expiration date _____ CVS Code _____
Donations appreciated	\$ _____	Total amount charged to card \$ _____ Phone (____) _____
Total amount	\$ _____	Cardholder name (printed) _____
		Address of Cardholder _____
		Signature of Cardholder _____

Waiver: I understand that participating in the Family of New Paltz 5K Turkey Trot event can be a potentially hazardous activity. I agree not to enter and participate unless medically able and properly trained. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to falls, contact with vehicles, other participants/ spectators, the effects of weather, traffic, conditions of the road and/or rail trail. All risks are known and understood by me. Having read this waiver, knowing this information and in consideration of your accepting my entry, my child-and teammates, waive and release race directors, volunteers, Family of New Paltz, Family of Woodstock Inc., the Wallkill Valley Rail Trail Association, Water Street Market and the Town/Village of New Paltz, from all liability. Furthermore, I understand that dogs, bicycles, skateboards, inline skates and radio headsets are not allowed in the race and I will abide by this rule.

Participant's Signature _____ Date _____
 Parent/Guardian's signature for participants under 18yrs _____ Date _____