

BLUE MOON TRAIL RUN

SUMMER SERIES 2016

All races start and end in Pinon Valley Park and go through Ute Valley Open Space

SHORT SERIES

June 24 5K

July 29 5K

August 26 5K

LONG SERIES

June 24 5K

July 29 8K

August 26 10K

ALL RACES START 6 PM

Individual Race: \$30/person | Series Package: \$75/person

Race Day Registration: \$45/person

Registration for each race ends Tuesday at 5 p.m. the week of the scheduled race

For each race, bibs pick-up is race day at park

Swag per Race and Awards for Series

KIDS RACES

For Ages 12 and Under

1/2 mile and 1 mile distances

Start 5:30 PM

Managed by Kokopelli Kids

REGISTRATION

Online at coloradosprings.gov/BlueMoon

Questions regarding registration, call (719) 385-5996

Questions regarding all races, call (719) 385-7942

MADE POSSIBLE BY



PARKS • RECREATION • CULTURAL SERVICES
COLORADO SPRINGS COMMUNITY CENTERS

REGISTRATION FORM

Name:	
Email:	
Address:	
City/State/Zip:	
Phone:	
Age:	
Birthdate:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Register Online
coloradosprings.gov/BlueMoon
 click blue button "Register Here"

SHORT

- 5K: June 24; #7560
Pre-Race: 30
Race Day: \$45
- 5K: July 29; #7561
Pre-Race: 30
Race Day: \$45
- 5K: August 26; #7563
Pre-Race: 30
Race Day: \$45
- Short Series; #7559
Pre-Race: \$75
Race Day: \$90

LONG

- 5K: June 24; #7560
Pre-Race: 30
Race Day: \$45
- 8K: July 29; #7562
Pre-Race: 30
Race Day: \$45
- 10K: August 26; #7564
Pre-Race: 30
Race Day: \$45
- Long Series; #7558
Pre-Race: \$75
Race Day: \$90

FOR 3-RACE SERIES ONLY
 Select T-shirt Size.... S M L XL XXL

For Kid's race information, email lisa@traininggoals.com
RACE DAY REGISTRATION ONLY
 \$10 race only/\$20 includes shirt



Athlete's Waiver & Release

Please Read and Sign - Application is not Valid Unless Signed

I understand and assume all risk of injury to my person which may occur while competing in the Blue Moon Trail Run and/or Kokopelli Kids Run organized by the Pikes Peak Community Foundation and the City of Colorado Springs Parks, Recreation & Cultural Services Department. I, myself, and for my heirs, executor, administrator, personal representative, and assigns do hereby and forever waive and release all rights and claims for direct and indirect damages or losses, whether monetary or otherwise compensatory which I hold Pikes Peak Community Foundation; Parks, Recreation & Cultural Services; or any other organizations associated with the operation of the Blue Moon Trail Run and/or kids run harmless and indemnify them for all claims, damages, judgement costs of whatever nature and form.

I attest that I am in good physical condition and mentally capable of participating in the above named race.

I hereby grant full permission to use my name, picture or likeness in any media form and any other record of my participation in the above named race for any publicity and/or promotional purposes without obligation to me or my successors, assigns et al, or liability by the publisher.

I agree not to bring or otherwise have animals, baby joggers, bicycles, scooters, skateboards, or rollerblades on the course.

I understand my race entry fee, paid by me or for me, is not refundable unless entry is refused by registrar.

REQUIRED - Signature of Participant

Signature or Parent/Guardian if participant is under 18 years of age

All race registrants will receive refreshments.
 Those, ages 21 and older, can enjoy a beer garden!

Parking is limited at Pinon Valley Park.
 Recommend carpooling to site

Race bibs with timing chips can be picked up
 at the park starting at 4:30 p.m. on race day.

Blue Moon Registration Questions?
 (719) 385-5996; deerfield@springsgov.com

Blue Moon Race Questions?
 (719) 385-7942; bkates@springsgov.com

OFFICE USE ONLY BIB NUMBER(S)		
June 24	July 29	August 26

*Information in dashed box will be destroyed
 after registration is processed.*

Discount Code: _____ Donation: _____

Total to Process: \$ _____

Paid by: Cash Check Card
Make Check: Payable to PR&CS

Cardholder's...

Print Name: _____

Signature: _____

Charge: MC Visa Discover AmEx

CC#: _____

Expiration: ____/____ CVC: _____

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