

Wrightstown XE 4th annual **NEON** Night Run '25



Date / Time: Tuesday, June 17th

Race Time & Venue: Starts at 9:00 p.m. *at the WHS football stadium*

Race Packet Pick Up & Late Registration Opens: 8:00 p.m. *(Just inside the Stadium gates)*

Cost: \$19 per Person includes neon t-shirt and glow-in-the-dark bracelets

**Registrations after May 28th do not guarantee t-shirts*

Medals: To top 3 male & female finishers 14 and under

To top 3 male & female finishers 15 – 19

To top 3 male & female finishers 20 and over

Hosted by: the Wrightstown Boys and Girls Cross Country Teams

To Benefit: the Wrightstown Middle and High School Cross Country Teams &
the nonprofit organization, My Team Triumph, Wisconsin Chapter

Registration: The registration form for students and families is on the back side. Complete one registration form per individual participant and drop off all forms with payment to the Middle or High School Office, or mail to:

Wrightstown Cross Country
Wrightstown High School
600 High Street
Wrightstown, WI 54180

***Or Register Online at:** <http://getmeregistered.com/WrightstownNeonNightRun>

***Email specific Questions to:** Dawn Nawrot at: nawrot@wrightstown.k12.wi.us

2.5 mile Glow Run/Walk . Tuesday, June 17th . Race starts at 9:00 pm . WHS Football Stadium



Registrant:

First: _____ Last: _____

Street Address: _____

City, State, Zip: _____

Age group: **Under 14:** _____ **Under 15-19:** _____ **20+:** _____

Contact:

Email: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Shirt (circle one):

Youth: Medium Large

Adult: Small Medium Large X-Large XX-Large

Payment:

Please make check payable to "Wrightstown Cross Country." Include the registrant's name in the memo line.

Total Payment Enclosed: \$ _____

RELEASE AND INDEMNITY AGREEMENT

I hereby request that you accept my registration, or the registration of my child under age 18 into the Neon Night Run on June 17, 2025. I certify that I, or my child, is medically fit to participate in the run/walk.

I hereby release the advisors, volunteers, staff members and Wrightstown Community School District from all claims because of injuries that I, or my child, may sustain while participating in or while traveling to or from the run. I agree to indemnify Wrightstown Community School District for each claim, which may result hereafter by myself and /or my child as a result of any such injuries.

Signature*: _____

Print Name: _____

*The above signature should be of parent or legal guardian if the registrant is under 18.

Please no pets! Thank you!