

Benefiting



# 4th Annual Great Pumpkin Race



**What:** Meals on Wheels Spokane's 4th Annual Great Pumpkin Race.  
**When:** Saturday, October 25th. Registration at 11am, race begins at 12:00pm.  
**Where:** Corner of 18th and Madison Street, Spokane, WA 99203.  
**Who:** You, your family, your business/organization and friends!  
**Registration:** \$4 per pumpkin (feeds one hungry senior).  
**Register at:** [www.mowspokane.mycustomevent.com](http://www.mowspokane.mycustomevent.com)  
**Amenities:** Awards and refreshments.

**Rules:**

- 1) One pumpkin per person, all ages and organizations welcome!
- 2) Pumpkins must:
  - Be under 12 pounds (excluding wheels and chassis)
  - Be attached to wheels in a way that penetrates or tightly secures the pumpkin to the wheels. All pumpkins must pass the "wobble" test.
  - Be gravity powered only.
  - Not include flammable or hazardous materials
- 3) Each person must register and attach a race number to the pumpkin.



**Contact Information:** Tracy Hattamer **Phone:** (509) 456-0397

**Email:** [volunteer@mowspokane.org](mailto:volunteer@mowspokane.org)

**Website:** [www.mowspokane.org](http://www.mowspokane.org)



[www.facebook.com/MealOnWheelsSpokane](http://www.facebook.com/MealOnWheelsSpokane)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Age on 10/25/2014:** \_\_\_\_\_

I would like to donate an additional \$ \_\_\_\_\_  
to aid the fight against senior hunger

I hereby certify that I am adequately fit to participate in this event. In consideration of the acceptance of this entry, I the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release, and discharge any and all rights and claims which I have or may have hereafter accrue to me or my estate against The Great Pumpkin Race, Mid-City Concerns Meals on Wheels Spokane, and/or any other sponsors, organizers, volunteers, and assigns for any and all injuries or death suffered by me in this event. I will also allow my picture and name to be used in publications as a result of this event.

**Signature:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

Make Checks Payable to:  
**Meals on Wheels Spokane**  
1222 W Second Ave  
Spokane, WA 99201

This event made possible by our sponsors:

