Come join the fun at the Race For The Birthplace 4 Miles
David Crockett Birthplace State Park
Limestone, TN BIB:_____
November 7, 2026
11:00 AM Eastern Standard Time

www.runtricities.org

Race For The Birthplace 4 Miles
Pre-registration: $32.00

Part of the Tennessee Running Tour
Part of the SFTC King and Queen Series
Race day registration: $30.00(No T-shirt)

(Pre-Registration Ends on 10/23/26) $45.00 (With T-shirt available) No Discount
($1.00 Discount for SFTC members)
$17.00 (No T-shirt) (Oct 18, 2026)
$22.00 (No T-shirt) (Oct 19, 2026 to Nov 6, 2026)

ONLY PRE-REGISTERED RUNNERS ARE GUARANTEED A T-SHIRT

THERE WILL BE NO REFUNDS

DAY REGISTRATION WILL CLOSE @ 10:40 AM

Mail form to: Race For The Birthplace 4 Miles

Mr. Bob Townsend
% Race For The Birthplace 4 Miles
2280 Jockey RD
Limestone, TN 37681

Since the park is still closed there will be no awards ceremony.
Overall Male & Female will receive a trophy.
All runners will receive a medal.

Make checks payable to SFTC.

For more information contact: Bob Townsend Cell # (423)-525-7335
E-mail address: bobtownsend@comcast.net

----------Do Not Cut----------

Race For The Birthplace 4 Miles

Last Name:_____ First Name:_____

Address:_____

City:_____ State:_____ Zip:_____ Phone: (_____)_____-_____

Sex:_____ Age on Race Day:_____ Date of Birth:____/____/____ T-Shirt Size: SM, MD, LG, XL, XXL

E-mail address:_____

In consideration for accepting my entry in this Race, I for myself, my heirs, executors and administrators, waive and release forever and all rights and claims for damages I may have against the organizers and sponsors of this Event. I also release the above named for all claims of demands, and actions in any manner due to any personal injuries, property damage, or death sustained as a results of my traveling to and from and my participation in said race. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and ability.

Signature:_____ Date:_____

(Parent signature if under the age of 18):_____