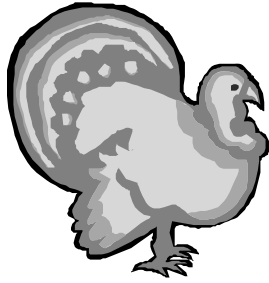


# WATERLOO LEISURE SERVICES

## 36TH ANNUAL THANKSGIVING TURKEY SHOOT



Sponsored by  
**Waterloo Optimist Club**  
in cooperation with  
**Columbus High School**

### All participants must be residents of Waterloo.

A Turkey Shoot team will consist of one child and one parent listed under the child's age group. Parents may compete with more than one child. Each team member will shoot ten basketball free throws. The total number of baskets made by each member will determine the final team score. The top team in each category will receive a ham or turkey. (One winner per-family.) In the event of a tie, a shoot-off will determine the 1st or 2nd place winners. The high school free throw rule applies to all age categories except 4-9 year olds, who will shoot from a shorter distance and use a junior ball. Girls, 10-14 years old, will use a regulation women's basketball.

**WHO:** Parent/Child Team (4-14 Years of Age)

**WHEN:** Sunday, November 21st

**CHECK IN:** Begins at 1:00 P.M. and event begins at 1:30 PM

**SITE:** Columbus High School

**FEE: FREE**

**PRE-REGISTRATION IS PREFERRED**

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### THANKSGIVING TURKEY SHOOT

Child's Name: Last \_\_\_\_\_ First: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Circle age group:                      4-6                                      7-9                                      10-14

Adult Name: Last \_\_\_\_\_ First: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Email address: \_\_\_\_\_ Email will only be used to update families on WLS activities.

A receipt will be emailed to confirm registration. If you would like a paper copy mailed please check the following box.

I hereby authorize my son/daughter to register to participate in the above stated program(s) sponsored by the Cedar Valley SportsPlex. I understand that this (these) program(s), like most programs similar in nature, has (have) some degree of inherent risk involved. I understand that the participants must assume full responsibility for bodily injury incurred while taking part in the activity(ies). No accident insurance is provided through the City of Waterloo. I grant Cedar Valley SportsPlex permission to use pictures or videos taken of my child during participation in programs. I waive my right to inspection or compensation.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to Cedar Valley SportsPlex 300 Jefferson St. Waterloo, IA 50701 (P) 319-291-0165  
Register online at [www.cvsportsplex.org](http://www.cvsportsplex.org) or email [alex.hildman@waterloo-ia.org](mailto:alex.hildman@waterloo-ia.org)**