HometownHappenings.net

Witches Called-to-Run 5K

Friday, October 27th, 7 PM
Lake County Fairgrounds
889 S. Court Street, Crown Point, IN

Calling all witches and warlocks, come celebrate the magic and power of the women in your life. For centuries, witches have seen as fierce, independent and powerful. Now, it's our turn to encourage these traits in women of all ages!

- **Special Gifts for all Witches!**
- **Enjoy a FREE Witch's Brew** after race.
- **Awards** for Top Overall & Top 3 in each Age Group.
- **DJ Music, Dance Party & Games after.**

Cost: $20 for adults. **$10** for kids 12 & under**. $30 on event day. Shirts extra $12.**
Register online: **www.HometownHappenings.net** or mail in with check payable to: **Hometown Happenings, P.O. Box 1225, Crown Point, IN 46308**

Vote for the Local Women's Charities to Share in Proceeds

2017 Witch's Called-to-Run 5K

Male:_____
Female:_____

5K Adult($20)_____
2K Adult($20)_____
5K Child 12 & under($10)_____
2K Child 12 & under($10)_____
Shirt($12)_____

Age on 10/27:_____ Total:_____

Name :_____

Address:_____

City, St, Zip:_____

Email:_____

Phone: (_____) _____ _____

Shirt size (Please circle) Fit: Regular Women's Cut

Adult: S M L XL XXL **Youth:** M L

Vote for Your local Women's Charity: _____

or choose: Anew | Girls on the Run | Mommy's Haven | St Jude Hse

WAIVER STATEMENT (Must be Signed)

I attest and verify that, the undersigned, intending to be legally bound, hereby for myself, and my heirs, successors and assigns, release any and all claims for losses and damages, attorney fees, court cost and cost of collection which I or the below named entrant (Entrant) may have now or in the future against any of the sponsors or organizers of this event, Hometown Happenings, Inc., their trustees, officers, directors, appointees, agents, employees, volunteers and the Calumet Region Striders, arising out of or in connection with this event. I attest and verify I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs and other records of this event for any legitimate purpose.

Signature: _____
(Parent or Guardian signature if under 18 years)

Date: _____