



PUBLIC ENEMY 5K/10K RUN/WALK

**"NEVER STOP FIGHTING
TILL THE FIGHT IS DONE"**

-Eliot Ness

 hometownhappenings.net

Sunday, June 25th, 8 am
Lake County Fairgrounds
889 S. Court, Crown Point

Directions: From Downtown Square, South on Court St. to Park

- 1930's themed event with Police K-9 demonstrations, Dillinger related items & costume contests! DJ Music & LIVE music.
- Top Overall, Top Masters & Top 3 Finishers in each age group, Clydesdale & Athena awards.
- Cost thru June 23rd: For timed 5K/non-timed 1 Mi - \$20 for adults, \$10 for kids (12 & under), 10K all ages - \$25. Shirts extra \$12 thru June 19th.
- After June 23rd & Race day: \$30 all ages. Limited number of shirts available.
- Register online at HometownHappenings.net or mail form & check to: Hometown Happenings, P.O. Box 1225, Crown Point, IN 46308



Proud Member of the Calumet Region Striders Gold Cup Series! \$2 discount to Gold Cup members.

Raising money for participating police organizations

Public Enemy: 10K (\$25) _____ 5K Adult(\$20) _____
 Male _____ 1 Mi Adult(\$20) _____
 Female _____ 5K Child 12 & under(\$10) _____
 Clydesdale/Athena _____ 1 Mi Child 12 & under(\$10) _____
 Age on 6/25 _____ Shirt(\$12) _____
 (Less \$2 if Gold Cup member) 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

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, its agents, employees, officers, directors, The Calumet Region Striders and volunteers, 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: _____