

# HometownHappenings.net

## Witches Called-to-Run 5K



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



Celebrate the magic and power of the women in your life at this night **time run/walk** on wooded paths & through dimly lit shelters. But... BEWARE.. there are witch hunters on the course waiting for you!

- Enjoy a **FREE Witch's Brew** - an alcoholic potion - after race.
- **Awards** for Top Overall & Top 3 in each Age Group.
- **"Candy Dash"** and **"Best Pumpkin"** contests for the kids!
- **DJ Music Dance Party & "Best Costume" Contests.**

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

### Mommy's Haven Maternity Home to Share in Proceeds



**2017 Witch's Called-to-Run 5K**

5K Adult(\$20) \_\_\_\_\_  
 2K Adult(\$20) \_\_\_\_\_  
 Male: \_\_\_\_\_ 5K Child 12 & under(\$10) \_\_\_\_\_  
 Female: \_\_\_\_\_ 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

#### 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: \_\_\_\_\_