

FIFTH ANNUAL  
**HOME-RUN**  
5K

NOVEMBER 11, 2017

**ROTARY PARK PAVILION,**

925 Sharon Valley Road, Newark, Ohio  
Check-in at 9:00 AM, Race at 10:00 AM

**ENTRY FEE:**

\$25 if Registration Form is received by Nov 5th,  
\$30 if Registration Form is received after Nov 5th.

Prizes for 1st Male and Female overall,  
Medals for top Male & Female in each age group:  
14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

Pay with Registration or on Race Day.  
Group Discount of \$5 each for groups of 6 or more,  
Children under 10 are free with a paying adult\*.

**REGISTRATION:**

Register and pay on line at [www.eventbrite.com](http://www.eventbrite.com), search lcch  
OR print registration form at [www.lcchousing.org](http://www.lcchousing.org), mail/email/fax back to LCCH  
OR detach form below and mail/email/fax back to LCCH

**Registration Form**

Detach & return form to **Licking County Coalition for Housing, Attn: Kathy Scott.**

**Email:** [kscott@lcchousing.org](mailto:kscott@lcchousing.org), **Fax:** 740-345-8826 or **Mail:** PO Box 613, Newark, OH 43058-0613  
Checks only by mail (payable to LCCH). Cash, check or debit/credit card accepted day of the race.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Sex:** M F **Age:** \_\_\_\_\_ **Shirt Size:** YS YM YL S M L XL XXL XXXL  
(\*T-Shirts included for all paying runners. Additional T-shirts \$15.)

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Waiver:** In submitting this entry, I, intending to be legally bound for myself, my heirs, executors and administrators, do hereby waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, Licking County Coalition for Housing, Rotary Park, the event principals, its employees, volunteers, sponsors and representatives for any and all claims and damages, demands or actions whatsoever in any manner as a result of my participation in the Home-Run, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video, print or social media reporting or advertising of the event without compensation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of Parent or Guardian required for all participants under 18 years of age)

**Licking County Coalition for Housing**

740-345-1970 23 South Park Place, Suite 200 PO Box 613



Newark OH 43058-0613 [www.lcchousing.org](http://www.lcchousing.org)