



WORLD COMPASSION NETWORK'S 9th Annual Run/Walk for Hunger 5K

Go To w-c-n.org For Online Race Registration

WHEN: SATURDAY MARCH 25TH, 2017
WHERE: WINONA LAKE PARK, INDIANA
TIME: 10:00 AM



**WORLD COMPASSION NETWORK
SERVING THOSE IN NEED LOCALLY**
**100% OF THE NET PROCEEDS OF THIS EVENT GO TO
CHARITIES IN OUR COMMUNITY**

**GENEROUSLY
SPONSORED BY**

SYM

Financial Advisors

Silveus
INSURANCE GROUP

Owen's
"Believe. Trust. Do Right."

**WORLD
COMPASSION
NETWORK'S
NINTH ANNUAL
RUN FOR
HUNGER**
**A COMPASSION PROJECT
FOR THOSE IN NEED IN OUR
COMMUNITY**

HEBREWS 12:1
THEFORE, SINCE
WE ARE SURROUNDED
BY SUCH A GREAT
CLOUD OF
WITNESSES
LET US THROW OFF
EVERYTHING THAT
HINDERS AND
THE SIN THAT
SO EASILY ENTANGLES
AND LET US
RUN
WITH PERSEVERANCE.

MARCH 25TH, 2017 WINONA LAKE, IN

ENTRY FEES: \$20 PRE-REGISTRATION (BEFORE 3/15/2017)
\$25 AFTER 3/15/2017

**RACE DAY REGISTRATION WILL BE HELD AT THE WINONA LAKE SENIOR CENTER (1590 PARK
AVENUE WINONA LAKE INDIANA 46590) FROM 8:15-9:45 AM. RACE BEGINS AT 10:00 AM**

2017 Run/Walk for Hunger Registration Form

Go To w-c-n.org For Online Race Registration

Name _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Email** _____
Gender _____ **Age** _____

Please Read and Sign the following Waiver: I certify I have adequately trained for this event. I assume full responsibility for any injury or accident which may occur on the course. I agree to permit myself to be removed from the course if race officials determine my health may be endangered. I agree to hold harmless and discharge World Compassion Network, the City of Warsaw, the City of Winona Lake, race sponsors, race officials, volunteers and any others associated with this event from any claims from injury, damage or death from participation in this event whether or not it is my fault. I give permission for the free use of my name and/or picture in any broadcast, telecast or print media account of this event.

(Please Make Checks Payable to WCN and Mail to P.O. Box 1152 Warsaw IN 46581)

Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

T-Shirt Size
(Required Circle One)

Youth M L

Adult S M L XL XXL

Please check box if you would like to substitute for a **Dry Fit** shirt for an additional \$7

Please check box if you would like to substitute for a **long sleeve** shirt for an additional \$7 (long sleeve comes in cotton only)

Registration Fee: \$20 by 3/15/17
\$25 after 3/15/17

(Shirts guaranteed only to pre-registered entries)

Total Amount Enclosed \$ _____

***Please Make Checks Payable to WCN**

(Please Mail to WCN P.O. Box 1152 Warsaw IN 46581)