

BWL Hometown Power 5K Run/Walk

Saturday, August 10 • 9am Start • 1201 S. Washington Ave

Race

Accurate 3.1 mile run, on paved city streets in neighborhoods around REO Town building. **FREE Kids Race** will follow the completion of the 5K.

Registration

Online

Must register by August 1 to receive a technical t-shirt and \$20 entry fee.*

runsignup.com/race/lansing/BWLHometownPower5K

*Family rate only available via mail in registration.

Mail-In

Fill out the form below, enclose check and mail **(postmarked by August 1)** to:
BWL Hometown Power 5K, P.O. Box 13007, Lansing, MI 48901

\$20 per person

\$58 per 4 member family*, \$10 for each add'l member (no limit)

* Family includes immediate members in the same household.

Make checks payable to Lansing Board of Water & Light

In-Person

Register in person at packet pick up - \$30 per person

Packet Pick-Up - BWL REO Town Depot

Friday, August 9, 5-8pm

Saturday, August 10, 7:30-8:45am (Race Day)

Race Awards

- Custom medals given to all 5K finishers. All kids participating in the kids race will receive a medal.
- Special Awards to overall, masters (over age 40), and grand masters (over age 50) champions.
- Awards to top 3 place finishers in each age group. Age groups: 10 & under, 11-12, 13-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-79, 80-over

Information:

- Call 517-702-6178 or email **justin.bowman@lbwl.com**
- Race results at **playmakers.com**
- All proceeds benefit the McLaren Greater Lansing Healthcare Foundation



BWL Hometown Power 5K August 10, 2019 - 9 am

Please print clearly

Last name	First name	Phone number	E-mail
Gender (Circle one): M F		Age (On Race Day): _____	\$_____ Entry Fee
Shirt Size (Circle one): Men's S M L XL 2XL 3XL			\$_____ McLaren Contribution
Women's S M L XL 2XL 3XL			\$_____ Total

Waiver: By submitting this entry form, I hereby, for myself, my heirs and my executors, waive and release all rights and claims for damages I may have against the Lansing Board of Water & Light, McLaren Health Systems and all of their departments, all sponsors and race management organization, for injuries suffered by me in this event. I attest that I have trained sufficiently to participate in this event, and I am physically fit.

Participant's signature

Parent's signature if under 18

Date

Emergency Contact Name & Phone #



This event has been reviewed for the physical activity content and has been endorsed by the Governor's Council on Physical Fitness, Health and Sports. This does not reflect endorsement of the sponsoring organization or the products used.