



WORLD COMPASSION NETWORK'S

Annual Run/Walk for Hunger 5K

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



WHEN: SATURDAY MARCH 23RD, 2019
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

ENTRY FEES: \$20 PRE-REGISTRATION (BEFORE 3/15/2019)

\$25 AFTER 3/15/2019

**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**

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2019 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/electronic media account of this event.

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

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 3/15/19
\$25 after 3/15/19**

(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)

Signature _____ Date _____ Parent/Guardian Signature _____ Date _____