

Proceeds From the Race Benefit:



(HARC) is a non-profit organization committed to providing positive, fun experiences and value through a variety of relevant wellness programs and events inclusive to all members of the community.



Boy's and Girl's Cross Country Team

SPONSORS:



HARC Hempfield
950 Church Street
Landisville PA, 17538-1508
(717) 898-3102
www.hempfieldrec.com

HARC

5K Glow Run



Saturday, October 25th

Start Time: 7:30pm

Location:

Georgelis Law Firm Stadium at
Hempfield High School
200 Stanley Dr.
Landisville, PA 17538

HARC Hempfield

5K Glow Run

Registration Deadline:

Early Registration October 11th: \$25 Includes Shirt*

Late Registration October 12th–20th: \$25 NO Shirt**

Get Details and Register Online at www.hempfieldrec.com/glowrun5k/

OR call 717.898.3102

*After 10/20 all registrations will be referred to race day!

**All runners will receive “GLOW” necklace and wrist bands!

Packet Pickup and Day of the Event Registration: October 25th 6:00–7:15pm (Football Field)

Awards:

Overall Male and Female (1st–3rd Place) “Cash Prizes”

Age Group Winners (Awards)

Overall Male and Female in Costume to Finish (Awards)

Overall Boy and Girl in Costume to Finish (Under 14) (Awards)



Registration Form

Name (Last/First): _____

Age On Race Day: _____ DOB: _____

E-mail: _____

Phone: (_____) _____

Address: _____

City: _____

State: _____

Zip: _____

Sex: (Please Circle) Male Female

5K Run Age Category: (Please Circle)

10 and under 11-14 15-19 20-29 30-39
40-49 50-59 60+

Shirt Size: (Please Circle) NO SHIRTS AFTER 10/11

Men's T-Shirt Size: S M L XL 2XL

Women's T-Shirt Size: S M L XL 2XL

Kids' T-Shirt Size: S M L

Payment Information: (Please Check)

_____**Check Payable to HARC**

_____**Visa _____Mastercard _____Discover**

Credit Card# _____

Exp Date: _____

In consideration of my participation in the HARC 5K Glow Run, I hereby for myself, my administrators, heirs, and assigns issue and release all claims for damage against the organizers of this event. I further state that I am in proper physical condition to participate in the event. I also permit the use of the aforementioned person's name and/or picture in media format for promotional purposes by the organizers.

_____**Date:** _____

Signature; Parent if under 18 years of age

Send Completed Form With Payment To:

HARC
950 Church Street
Landisville, PA 17538