



Your participation allows the Heartland Community College Foundation to assist local students pursuing their academic goals.

This year the Foundation supported key programs and awarded scholarships totaling more than \$400,000!

Event Details:

- Heartland Community College Campus
1500 W. Raab Rd. Normal, IL 61761
- Start Time: 9:00 a.m.
- Registration/Package Pick-up begins at 7:30 a.m.

Registration Fees (non-refundable):

Short sleeve performance shirts will be guaranteed to participants registered by September 21, 2018

- \$20 Students and Alumni
- \$25 Registration by October 19
- \$30 Race Day Registration

Awards for the top three runners in each male and female age divisions

- 18 & Under, 19-29, 30-39, 40-49, 50-59, 60+
- Overall male and female winners will be excluded from age group winners.
- Runners will be timed by the Lake Run Club.

Online registration available at hccfoundation.org

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Birthdate: _____

Gender: Male Female HCC Student

Event: 5K Run 1K Walk (non-competitive) Team code (if applicable): _____

Adult shirt size:

Male Size: S M L XL XXL (add \$2) **Female Size:** S M L XL XXL (add \$2)

Make checks payable to HCC Foundation

In addition to the entry fee, I would like to make a donation to the HCC Foundation Scholarship Fund

I am not able to attend but would like to make a donation to the HCC Foundation Scholarship Fund

\$ _____ Total Enclosed

NO DOGS OR STROLLERS ALLOWED. Upon accepting my application and in consideration of allowing me to enter this event, which I agree is at my own risk and entirely of my own free will I hereby for myself and on behalf of my heirs, executors, administrators, and assigns, waive, release, and discharge Heartland Community College, Heartland Community College Foundation, Normal Professional Baseball LLC, race organizers, race volunteers, sponsors, and promoters from any responsibility or liability whatsoever for any losses, injury, or other damage sustained in any activities during or surrounding the event.

Signature _____ Date _____

(Parent Signature Needed if Under 18)

Required Emergency Contact: _____ Phone Number: _____

Mail Registration Form and Payment to:
HCC Foundation, CCB 2300
1500 W. Raab Rd., Normal, IL 61761

Heartland Community College
Foundation