



**PLACE & TIME: 8:00 AM.** The run/walk will start and finish at the Old Ferry Landing on the south end of Ferry Street in the Paul W. Ogle Riverfront Park. Race sign in packets may be picked up after 6:30AM. Late registrations will be accepted until 7:30AM. All proceeds of this event will go directly to local scholarships of Switzerland County students.

**THE COURSE:** The 5k will begin at the edge of the Ohio River and progress down scenic Market Street. The course will circle the historical town of Vevay and finish back at the Ogle Riverfront Park. The course is hard surface (flat and fast).

**THE RUN:** All runners will be timed. Awards will be given to the top male and female finisher in each of the 5 age categories. Age categories: 17 and under, 18 thru 29, 30 thru 39, 40 thru 49 and 50+.

**THE WALK:** This event will be competitive and awards will only be received by the top male and female walker. There will be no age categories. Times will be read off at the finish line.

**COSTUMES:** Since it is Halloween, costumes are welcome and encouraged. A prize will be awarded for Best Overall Costume of all runners and walkers.

**REGISTRATION:** To be guaranteed an official 5K run/walk shirt, you need to be registered by **September 30, 2020**. Return entry form only to : **Tri Kappa 5363 N State Road 56, Vevay, IN 47043**. You can also register and pay online at: [XXXXXXX](#). You must be registered by 7:30AM race day. (Keep top portion for your records).

\_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age as of October 31, 2020 \_\_\_\_\_

T-shirt size: Youth M \_\_\_ Adult S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ Running Division \_\_\_\_\_ Walking Division \_\_\_\_\_

Entry Fee: Please circle one

Entry fee with shirt \$25 until **September 30, 2020**, after that \$30 and no shirt is guaranteed. Enclose a check or money order made payable to : **Tri Kappa, INC.** Waiver

I hereby waive and release any and all rights and claims from injury or damages against the sponsors and officials of the Tri Kappa Halloween Fun Run and Gamma Chi Chapter for any injuries suffered by participation in this event. I attest and verify that participant is physically fit and have sufficiently trained for this event.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

(legal parent or guardian must sign if participant is under 18 years of age)