

# **FOOD FOR FAMILIES** **Running On Empty** **Virtual 5K Run/Walk**



## **May 23-27, 2020**

**(Social Distancing recommended!)**

**RACE DATE & TIME May 23-27, 2020**

### **START & FINISH**

The 5K (3.1 miles) race will begin and end at your personal place and time.

### **REGISTRATION: online w/ Credit Card or ACH**

<https://operations.daxko.com/features/onlinegiving/donationdetails.aspx?cid=2065>

- 1) Under Donation amount: choose "other", enter \$20
- 2) Check box Dedicate this donation, Choose "IN HONOR OF" and enter "REGISTER"
- 3) Under CAMPAIGN: choose "Food for Families Sponsorship 2020"
- 4) Go to Pay (do not worry about Campaigner for registrations)
- 5) Under Pay, Choose "NOW", enter registration information, enter payment method and submit.



Entry Fee/Donation: \$20.00 per person

Entry fee must be paid at the time of registration.

**REGISTER with Check**

Make checks payable to: Clay County YMCA, 225 E. Kruzan, Brazil, IN 47834

Proceeds will benefit Clay County youth serving organizations in their efforts to feed children and families.

**Please post pictures and/or times to the Food for Families 5K Facebook page. For individuals not on social media you can email pictures to [foodforfamilies5k@gmail.com](mailto:foodforfamilies5k@gmail.com).**

**AWARDS**

Recognition will be given to: Best Provable times, Group with the most participants, Group with the largest amount of total donation to the cause. **This is event is designed to be completed on your own.**

\*Due to COVID-19 we ask all participants to take the necessary precautions and proper social distancing. Please be mindful of dangerous weather conditions. **There will be no refunds all Proceeds are Donations**

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**Food For Families—Running On Empty 5K Run/Walk  
INDIVIDUAL ENTRY FORM**

In consideration of the acceptance of this entry, I waive all claims for myself, my heirs and sponsors, cooperating groups and any individuals associated with the event and will hold them harmless for any and all injuries or illness which may result from any participation. I further state that I am in proper physical condition to participate in this race. **Make checks payable to: Clay County YMCA. Return to: Clay County YMCA 225 E. Kruzan, Brazil, IN 47834**

NAME \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male or Female (Circle one)  
E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature if participant is under 18 years of age)

Affiliation: Are you participating with a group? If so which, church, school or civic organization?

\*\*\*\*\* Please count me as a member of the \_\_\_\_\_ TEAM!

\*\*\*\* Additional donation for fund-raising challenge \_\_\_\_\_

If You prefer to mail your sponsorship and/or cannot electronically print this form please write the appropriate information (**Name, address, phone, email address**) on a piece of paper and include it in the envelope with donation.