

# iCARE

## Community Event

### 5K RACE

**SATURDAY, MAY 30, 2026**

**1850 DIAMOND STATION RD, EPHRATA, PA**

**6:30 AM:** Race Check In/Registration

**7:30 AM:** Race Starts

Use the entry form below to register. Send **\$30** (check or money order) by May 13, 2026, to receive an iCare sweat towel. **Registration fee increases to \$35 after May 13.**

**Included:** Donut and fresh squeezed orange juice to refuel after 5K. Bottled water available for racers before, during, and after the 5K.

**8:15 AM:** Children's Fun Run Starts  
**\$10 per child.** (For children 10 years old and under)

### AWARDS:

- Top Overall Male and Female Awards
- Top 3 Male and Female Awards Per Age Bracket (9 and under, 10-14, 15-19, 20-29)
- Top 1 Male and Female Awards Per Age Bracket (30-39, 40-49, 50-59, 60-69, 70+)
- Fun Run with participation trophies for small children, 10 years old and younger. (Time: 8:15 AM. Fee: \$10)



Online registration:  
[blessingsofhope.com/events](https://blessingsofhope.com/events)  
 or scan the QR code!

## 5K REGISTRATION

**COMPLETE THIS PORTION, DETACH AND MAIL. INCLUDE \$30 IF POSTMARKED BY MAY 13, 2026 – \$35 THEREAFTER. OPTIONAL ONLINE REGISTRATION AVAILABLE AT [BLESSINGSOFHOP.COM/EVENTS](https://blessingsofhope.com/events)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ AGE \_\_\_\_\_  
PLEASE PRINT ON RACE DAY

ADDRESS \_\_\_\_\_ GENDER: M / F  
CIRCLE

APT / PO# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  
INCLUDE AREA CODE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE REQUIRED IF LESS THAN 18 YEARS OF AGE

**WAIVER/RELEASE:** By submitting this signed form and registration fee, I hereby waive all claims against the race director, race officials and volunteers, any and all sponsors including, but not limited to Blessings of Hope, West Earl Township and those in their employ, the Counties of Lancaster, and all their representatives and successors from any injury or liability I might suffer in this event. I attest that I am physically fit and prepared for this event. I assume all risks associated with running in this event including, but not limited to: falls; contact with other participants; the effects of the weather, including high heat and/or humidity; and the condition of the road; all such risks being known and appreciated by myself. I grant full permission for organizers to use my name and/or pictures in legitimate accounts and promotions of this event.

MAKE CHECKS PAYABLE TO:  
 "BLESSINGS OF HOPE"

**MAILING ADDRESS:**  
 BLESSINGS OF HOPE  
 P.O. BOX 567  
 EPHRATA, PA 17522

**QUESTIONS?**  
 CALL: (717) 824-1227