



# PLEASE JOIN US! SATURDAY, SEPTEMBER 30 | 8:30 AM

ROSSMOYNE BUSINESS CENTER | 5000 RITTER ROAD, MECHANICSBURG

Our annual **Homeland Hospice 5K and Memory Walk** serves to remember those we've lost and to raise funds to support those who need care today. Funds raised support Homeland Hospice supportive services like massage, music therapy and additional in-home relief hours as well as residents of Homeland Center whose financial resources have been exhausted.



**RUNNERS AND WALKERS OF ALL AGES, GATHER YOUR FAMILY, FRIENDS AND CO-WORKERS AND JOIN US FOR A MEANINGFUL FUNDRAISING EVENT.**

ALL PARTICIPANTS MUST REGISTER. \$25 for anyone 13 and older (children 12 and under are free). To be guaranteed an event t-shirt, registration must be received by Thursday, August 31. If registering after August 31, t-shirts will be available while they last.

HONOR A LOVED ONE: Not only can you (and your team) walk or run in their memory, but you can also add your loved one's name to the front of this year's t-shirt with a donation of \$25. Names must be received by Thursday, August 31.

AWARDS: \$100 awards will be presented to the 5K Overall Male and Female Champions. Ribbons will be presented to the top three (3) male and top three (3) female finishers in eight different age brackets. Additional prizes include largest team, oldest and youngest participants, and treats for all the adorable dogs.

## Yes! Register me for the 2023 HOMELAND HOSPICE 5K and Memory Walk.

Please fill out this form and mail (along with your check) to Homeland Hospice, 2300 Vartan Way, Suite 270, Harrisburg, PA 17110. Online registration is also available. See website below.

Name \_\_\_\_\_ Age (on day of 5K) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
*(Please print.)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

**5K T-shirt size** *(circle one)*  
Youth: S M L  
Adult: S M L XL XXL

- Yes, please register me for the 5K and Memory Walk!
- I'd like to honor a loved one with his or her name on this year's t-shirt. I understand the fee is \$25.00. Please print name as you would like it to appear \_\_\_\_\_.
- I cannot participate, but I'd like to make a donation. Enclosed is my check in the amount of \$ \_\_\_\_\_.

**Total amount enclosed: \$ \_\_\_\_\_**

WAIVER/RELEASE: I hereby waive all claims against the race director, race officials and volunteers, any and all sponsors including, but not limited to Homeland Hospice, Homeland Center, the Rossmoyne Business Center, the County of Cumberland, and all its 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 me. I grant full permission for organizers to use my name and or pictures in legitimate accounts and promotions of this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or guardian's signature if less than 18 years of age.)*



Online registration:  
[HomelandEvents.org/5K-MemoryWalk](http://HomelandEvents.org/5K-MemoryWalk)  
Questions: 717-221-7890



PERSONAL + SKILLED + MEMORY + REHAB



HOSPICE + PALLIATIVE + HOMEHEALTH + HOMECARE