**HUB RUN 2024** 

100 W Burrell Dr. Crown Point, IN 46307

NON-PROFIT ORG.
U.S. POSTAGE
PAID
HAMMOND, IN 46320
PERMIT NO.1



www.hubrun.org

**Sign Up for the 43<sup>rd</sup> Annual Hub Run** Register by March 23<sup>rd</sup> to guarantee your shirt.





















## REGISTRATION

Online: Visit www.hubrun.org for registration information and to download any additional registration forms.

Mail: Fill out, clip and mail registration form with check payable to:

**DEAN & BARBARA WHITE SOUTHLAKE YMCA** 

Attention: Hub Run • 100 W Burrell Dr. • Crown Point, IN 46307



## PRE-RACE •

## Packet Pickup:

For your convenience, you may pick up your race shirt on Friday, April 12 from 2-6:00pm or Saturday, April 13 from 8am-12pm at the Dean & Barbara White Southlake YMCA.

## **RACE DAY**

Registration and packet pick up at Bulldog Park on Sunday, April 14 from 11:00am-12:30pm.

# LOCATION •



\*Note all roads along course will be closed at 12:45pm until race is over.

## SHIRTS

To quarantee a shirt, register by March 23. After March 23, we will not quarantee your shirt. Registration ends at 12:30pm SHARP on April 14!

#### AWARDS •



Award ceremony will immediately follow the race. Awards given to Top Female and Male Overall; first, second & third place finishers in each age division, Athena, and Clydesdale for the 5K run (Masters not eligible for age division award). AWARD GIVEN TO THE **ELEMENTARY SCHOOL WITH THE MOST PARTICIPANTS!** 

## GENERAL INFORMATION

Contact Race Director Amy Lucka at 219 663 5810 or via email at alucka@crymca.org. The race will start and finish at the Bulldog Park at 183 S. West St., Crown Point, IN.

\*No dogs, bicycles, in-line/roller skates, wagons, or scooters are allowed on the course. PARKING: Wheeler Middle School and Crown Point city streets. Race will be held rain, snow, or shine.

**FIRST AID:** Provided by the Crown Point Fire Department

RESULTS: 5K race will be timed using on-the-bib disposable chip timing technology. Full results will be posted at www.hubrun.org and www.thtiming.com.

#### **5K AGE/WEIGHT DIVISIONS**



0-8 9-10 11-12 13-14 15-18 19-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 **80**+

Masters (40 and over) Overall (Male & Female) Athena (170+) Clydesdale (210+)

## **5K REGISTRATION**

## ON or BEFORE March 23, 2024

5K Registration	\$30.00
Age 10 and under	\$15.00
ON or AFTER March 24, 2024	
5K Registration (Shirt NOT guaranteed)	\$35.00
Age 10 and under (Shirt NOT quaranteed)	\$15.00

## **2K REGISTRATION**

## ON or BEFORE March 23, 2024

2K Registration	\$20.00
Age 10 and under	\$10.00
ON or AFTER March 24, 2024	
2K Registration (Shirt NOT guaranteed)	\$25.00
Age 10 and under (Shirt NOT guaranteed)	\$10.00

# 2024 HUB RUN REGISTRATION FORM (please print)

TOTAL DUE: \$ \_\_\_\_\_ (SORRY, NO REFUNDS!)

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-7	

Pre-registration Discount \$1.00 for CRS Members

-1								
Name					Phone (	_)		
Address				City _				
State	Zip _		Email					
Elementary Sch	ool							
Age (as of 4/14/	/24)		Birth	date		_ 📮	Male	Female
Athena (170	0+)	Clyde	esdale (210	O+)				
Enter me ir	1 2K (1.24	miles)						the Y
Enter me ir	n 5K (3.1)							HUB ŽUN
ADULT STYLE-V	VICKING	YOUTH S	TYLE-COT	TON				Crown Point, IN • April 14, 2024
ADULT SIZE:	S	М	L	XL	XXL			43rd ANNUAL
YOUTH SIZE:	М	L						
NO SHIRT (	(\$4.00 dis	count off	of registr	ation fee)		RACE SHIRT		

S Start

Finish

Mile Splits

## WAIVER STATEMENT (Must be signed):

I attest and verify that, the undersigned, intending to be legally bound, hereby, for myself, and my heirs, successors and assigns, release any and all claims for losses and damages, attorney fees, court cost and cost of collection which I or the above named entrant (Entrant) may have now or in the future against any of the sponsors or organizers of this event, its agents, employees, officers, directors and volunteers, Calumet Regional Striders, arising out of or in connection with this event. I attest and verify I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs and other records of this event for any legitimate purpose.

SIGNATURE \_\_\_\_\_

(Parent or Guardian signature if under 18 years of age). One form per participant only. Forms may be photocopied.