Show Your Class 5K

Sunday, October 9th, 2016

Check in from 8-8:45am

The Gahanna Get Moving Team and the family of Bob Toopes invite you to the 7th Annual SYC 5K Walk at Creekside Plaza.

Proceeds support experiential education and recreation wellness opportunities for the Gahanna Community.

Come celebrate Bob's legacy with family and friends!

T-Shirt Information
To receive a t-shirt register
by 5pm Friday, September 23
Pick up t-shirts the day of the walk.
Registrants between 9/23-10/9
may not receive shirts.

Registration Options
(614) 342-4250
Fax: (614) 342-4100

Webtrac on www.gahanna.gov
Search program 760001

Registration Fees

$20 Adults (ages 16+ years)
$10 Youth (ages 10-15years)
Under 10 years-no shirt free with walking adult
($10 fee for shirt)

Join us after the walk for a pancake breakfast at 220 Olde Ridenour Rd, Gahanna Golf Course Clubhouse

GAHANNA PARKS & RECREATION FOUNDATION

CITY OF GAHANNA
DEPARTMENT OF PARKS & RECREATION

2016 Show Your Class 5K Walk

Adult Name (Parent or Guardian): _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Emerg Phone_____

How did you hear about this Walk?								
___Gateway	__Friend or Word of Mouth	__Returning Participant	__www.gahanna.gov	__School Flyer	__Newspaper	___City Entry Way Signboard	__Facebook /Twitter	__Other

Name of Person Walking	Birth	M/F	Shirt Size

*If paying with check, make checks payable to City of Gahanna

Please bill my credit card : _____

MC VISA DISC AMEX Name Account Number Exp.

For and in consideration of the opportunity to participate in the above described Gahanna Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

_____ _____

Participant Signature (Parent/Guardian if participant is under 18) Date