**Date: Saturday August 5th, 2023**  
**Race Time: 9:40am**  
**Course: Washington Boulevard- Belpre Ohio  
Begins: Howes Grove Park  
Finishes: First Mutual Bank Corporate Office  
Registration: 8:30am-9:30am at Howes Grove Park**  
**Entry Fee: $15 Early Registration (Postmarked by July 8th); $20 Registration after July 8th**

**Run & Walk: Medals will be awarded to:**  
First *three* overall male/female  
Top *two* male/female in the following age groups:  
12&under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70&up  
 (Overall winners are not eligible for age group awards)  
  
**Please mail applications and payment to:  
Belpre Homecoming Mile Run or Drop off box at Belpre City Building  
Po Box 482 (Make sure these are sealed   
Belpre Ohio 45714 in an envelope)**

*FOR FURTHER INFORMATION PLEASE CALL MELINDA AT 740-350-7746 OR MESSAGE THE BELPRE HOMECOMING FACEBOOK PAGE!!***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Belpre Mile Registration Form:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_\_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_\_\_\_\_  
Address Date of Birth:   
Phone Number:( ) Age:**

**Shirt sizes: (ALL are adult sizes) S M L XL (circle one)***Shirts are only guaranteed for early registrants!* **Division: Walker or Runner (circle one)**

**Waiver:** In consideration of acceptance of this entry, I waive myself, my heirs, and assigns all rights, and claims for damages which I might have against the Belpre Homecoming Festival, the City of Belpre, and all other individuals and organizations associated with this race for all injuries which may result from my participation in this event. I attest and verify that I have full knowledge of the risk involved in this event and am physically fit and sufficiently trained to participate. Photos may be used in all media advertising.   
Signature of Participant/Parental Guardian if less than 18 years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_