The mission of the Knights Of Columbus is to provide members and their families with volunteer opportunities in service to the Catholic Church, their communities' family's and young people.

The Knights principles of charity, unity, fraternity and patriotism serve as the basis of thr Order's core values which are integrity, professionalism, excellance and respect.



5K Run/Walk

August 1, 2025 Friday 11pm

Holy Family School 900 Winchester Avenue Ashland, KY

10pm On-Site Registration

\$25 Before July 21st \$30 July 21st Thru July 31st \$35 Day of Race

Extra soft race shirts guaranteed to all registered

Trophies to first three overall male and female finishers.

Awards to first three finishers in each male and female age group.

Award for the first stroller.

No duplication of awards
Age Groups: 9 and under
10-14 15-19 20-24 25-29 30-34
35-39 40-44 45-49 50-54 55-59
60-64 65-69 70-74 75-79 80+

• This is our only glo run this season!

- Extra soft race shirts guaranteed to all registered
 - A glo necklace and bracelet provided!
- Door prizes and ice cream after the race!

Registration in the Holy Family
School gym. Runners will walk to the
mall after they register. They will
walk back to the gym after finishing.
Awards ceremony in the gym.

Course: Flat and fast. Starts and ends in Town Center Mall.

Around the outer rim of the mall parking area three times.



Race Director: Alan Osuch OsuchRacePlanner@aol.com or 606-369-4403 Please make check payable to:
O Such Race Planners
Memo: Midsummer Knights Glo

Please mail registration to: A Midsummer Knights Glo 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101

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$\underline{A} \underline{N}$	<mark>Iidsummer Knights</mark>	<u>Glo 5</u>

Name:	Address:		
Email:			
Phone:	Ge	nder: M F	Age on race day:
Shirt Size	(2X, 3X, 4X add \$2.00)	Donation	Amount Enclosed\$
trained. I agree to abide by in this event, including but the conditions of the road, a Columbus, Holy Family Ch	any decisions of a race official relative not limited to. falls, contact with other all such risks being known and apprecia	to my ability to safely participants. the effect ated by me. Having rea r, O Such Tri-State Ra	ld not enter a run unless I am medically able and properly complete the run. I assume all risks associated with runnin s of weather (including high heat or humidity), traffic and this waiver, I release the City of Ashland, Knights Of ce Planners, TriStateRacer.com timing, race officials.
Signature: _			Date:
Pare	ent/Guardian (For mind	or):	