2026

Golay Community Center

Monster Mash 5K

WCC Sponsored by:

Hills
Transforming Lives

THRIVE WELLNESS
Lifestyle + Integrative Medicine

Race Information

Saturday, October 10, 2026
Registration: 8 a.m. if you need to sign up
8:30 if you are preregistered
5K Run/Walk begins at 9 a.m.

The entry fees are:
$25 per Person
if registered by September 24th, 2026
$30 per Person starting September 25th until day of race

Must be registered by September 24th to receive a shirt

Costume Contest award for the best costume.

Register online: https://wcchallenge.org

All participants will be classified according to age.

For more information contact:
Jenni Risch or Kathleen McGinley
golaycenter@comcast.net
765-478-5565

Course is Stroller and Wheelchair friendly

Please make checks payable to:
Golay Community Center
1007 East Main St.
Cambridge City In 47327
Or call
765-478-5565 to pay with a card over the phone

Monster Mash 5K Entry

Full Name: _____

Circle One: Male Female

Date of Birth: _____/_____/_____

Mailing Address: _____

_____

City: _____

State: _____

Zip Code: _____

T-shirt Size (Please circle one):

S M L XL XXL No Shirt

E-mail Address: _____

Phone Number: _____

Emergency Contact: _____

Emergency Number: _____

Read Carefully and Sign:

I know that running a road race is a potentially hazardous activity and that I should not enter a run unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of accepting my entry, I and anyone entitled to act on my behalf, waive and release the Golay Community Center, race volunteers, Wayne County Challenge, Hills, Thrive Wellness and sponsors, their representatives, employees and Board of Directors from any claims and liabilities of any kind arising out of my participation in this event or carelessness of the persons named in the waiver. Further, I grant to all of the foregoing the right to use any photographs, motion pictures, recordings or any other record of this event for legitimate purpose.

Signature:_____ Date:_____

(If under 18 years of age, please have a parent or guardian sign.)