

**** MASH ** UNIT ****

Newport Hospital & Health Services

**1st Annual Relay for Life
5 K Family Fun Run (Walkers Welcome)**

**ALL PROCEEDS RAISED GO
TOWARD FIGHTING CANCER**

Additional donation toward the fight against cancer: \$ _____
Donations are tax deductible minus T-Shirt fee of \$10.00

PRE- REGISTRATION REQUIRED FOR T-SHIRT !!

**Pre-Registration/Shirt Payment Deadline
July 6th, 2009**

Payment Options:

Checks payable to: American Cancer Society

**Cash: Attach payment envelope to registration form
and place in drop box at any location below**

**Bank Cards: MasterCard
 Visa**

Card number:

Expiration Date:

Card Holder Name:

Pymt. for multiple runners, only one form needs Card info:

Pymt. for # ___ runners- names _____

**Mail to: NH&HS, Mash Unit, 5K
714 W. Pine Street, Newport, WA 99156**

Fax to: 509-447-2281

Drop Boxes:

Hospital Registration Desk
Newport Family Medicine- Registration
Family Health Center Newport- Registration
River Mountain Village Assist Living- Main Desk

**Event Date: Saturday July 18, 2009
Run start time 8:30 am
Registration opens 7:30 am**

REGISTRATION INFO

One name per form & please print

First Name:

Last Name:

Address:

State:

Zip Code

Phone Number:

Pre-Registration Donation/Fees

"All proceeds benefit cancer research!!"

Adult with shirt: \$20.00 each

Child with shirt: \$15.00 each

**On site registration and "no shirt" option
\$10.00 each**

SHIRT ORDER SELECTION

Youth Small

Adult Small

Youth Medium

Adult Medium

Youth Large

Adult Large

Adult X- Large

Adult XX-Large

In consideration for accepting my entry in this race, I for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims for damages arising out of or relating to this event. I also release the City of Newport, it's officials, directors and employees and the organizers and sponsors of this event all claims of damage, and actions in any manner due to any personal injuries, property damage or death sustained during this event and as a result of my traveling to and from said event. I attest and verify that I am physically fit for the competition of this event and in filling out this form, I acknowledge, I have read and fully understand my own ability and liability.

Signature: parent if participant is under 18) _____

Date: _____