



Covenant Hospice & Fireman's Ladder Scatter 5K Run/Walk



Saturday, 6 November 2010 Race Time 9:00am

Location: 4215 Kelson Avenue, Marianna, FL Covenant Hospice Parking Lot Registration begins at 7:30am day of race or pre-register with this form.

Distance / Course: 5K - Starts and completes at the Covenant Hospice parking lot. Course will be paved roads with some hills.

Entry Fee: \$15.00 in advance Late Entry after November 1, 2010 will be \$20.00

Amenities: Shirt, race packet and lunch guaranteed for Runners registered before November 1, 2010. Water Bottles for the free Children's 1 mile Fun Run. Bar-b-que sandwiches provided by George Gay and Marianna Fire Department

Awards: To overall top 3 male and female in ALL age groups & overall Male & Female.

Purpose: This race is for National Hospice Month Awareness and the Marianna Fire Department/ City of Marianna.

General Information: Entry fees are non-refundable. For additional information please contact: Merian Milton at merian.milton@covenanthospice.org or Terri Glass at terri.glass@covenanthospice.org or 850-482-8520/ toll free 888-817-2191. For course information please contact Margo Lamb at margolamb@gmail.com.

Incentives: Business that have 5 or more participants will get a *free* logo on the back of the t-shirt and additional lunch plates will be available for purchase for \$5.00 each.

ENTRY FORM

(PLEASE PRINT CLEARLY AND COMPLETE THIS FORM)

Make checks payable to "Covenant Hospice" and indicate "5K Registration."

Mail to: 5K Run Covenant Hospice, 4215 Kelson Avenue, Suite E, Marianna, FL 32446 or visit www.active.com.

Name _____ Age _____ Gender _____

Address _____

City _____ State _____ ZIP Code _____

Telephone _____

Email Address _____ @ _____

Waiver of responsibility: By participating in "Covenant Hospice & Fireman's Ladder Scatter" myself, my executors, administrators and assigns, do hereby release and discharge the Covenant Hospice, Marianna Fire Department and City of Marianna and all cooperating businesses and organizations from all claims of damages, demands, actions and whatsoever, in any manner arising or growing out of my participation, or that of my child in this event. I also give full permission for the use of my (or that of my child's) name and photographs in connection with this event.

Signature _____ Date _____

(If under 18, must be parent or guardian)