



\*Course change from 2007.



16th ANNUAL 5k RUN AND 2k FUN WALK

**Saturday, October 9th, 2010**  
**Sallisaw, OK**

PLACE  
STAMP  
HERE

Sequoyah Memorial  
**Homecare**

Hospice - Home Health - Extended Care - Home Medical Equipment

Sequoyah Memorial Hospital Hospice  
Attn: Crystal Scoggins  
PO Box 505  
Sallisaw, OK 74955

**Thank you for  
participating  
in the Hospice  
Run. You are  
helping touch  
lives.**





## DIRECTIONS TO THE RACE

Take I-40 exit (Hwy 59) and go north. Go east on Hwy 64/Cherokee. Proceed to Oak St. The race begins one block south of Cherokee, at the intersection of Oak & Choctaw in downtown Sallisaw.



## PACKETS

Each entrant will receive a 50/50 T-shirt with color artwork (please specify size). Packets can be picked up the day of the race at the starting line.



## START TIMES

Saturday, Octo-ber 9th, 2010

REGISTRATION  
8:00 am - 9:00 am

START TIMES  
9:00 am: 5k Run  
9:10 am: 2k Walk



## PARKING & FEES

Free municipal parking is available at the northeast corner of Cherokee (Hwy 64) and Oak in the downtown area.

Entry Fees:  
\$12 through Oct. 9  
\$15 day of race  
(add'l \$2 for XXL shirts)



## AWARDS

Awards will be presented for the 5k race to all 1st, 2nd, and 3rd place finishers for both male and female in the following age categories: eight & under, 9-12, 13-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+.



## REGISTRATION

Fill out and mail in the attached postcard, register in person at the hospital, or register the day of the race.

**Full Name** \_\_\_\_\_ **Age on Race Day** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Night Phone** \_\_\_\_\_

**Circle One:** Male Female

**Race (circle one):** 5k Run 2k Walk

**Adult Shirt Size (circle one):** S M L XL XXL

**Complete form & sign waiver. Waiver must be signed by each participant.** In consideration of accepting this order form, I assume full & complete responsibility for any injury, accident, or damage done to my person or property which may occur during my participation in this event or while I am on the premises of this event, and hereby release and hold harmless the sponsors, promoters, and all other persons or entities associated with this event or their agents or employees, or otherwise.

**Entrant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Who benefits from your participation?

The patients of Sequoyah Memorial Hospice benefit from the funds raised during the annual Hospice Run. Contrary to popular belief, Hospice not only serves the elderly, but also infants, teens, and the middle-aged. The money raised from the Hospice Run is used to help our patients pay for medication, medical equipment, medical bills, and many other necessities. Your involvement allows us to continue to assist our patients and provide quality medical care during the death and dying process. Thank you in advance for your participation.