



17th ANNUAL 5k RUN AND 2k FUN WALK

Saturday, October 8th, 2011
Sallisaw, OK

PLACE
STAMP
HERE

Sequoyah Memorial
Homecare

Hospice - Home Health - 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 Walnut & 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 8th, 2011

REGISTRATION
8:00 am - 8:50 am

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

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

Entry Fees:

\$12 through Oct. 7
\$15 day of race
(add! \$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.