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ABOUT THE
EVENT...

Sturgis Hospital invites you to participate in its first 5k Run/Walk in conjunction with its Health Fair at the Medical Commons. The proceeds from the walk will go to support the Hospital Foundation Special projects fund.



1ST ANNUAL

Sturgis Hospital Foundation Fund
916 Myrtle Avenue
Sturgis, Michigan 49091
269.651.7824
www.sturgishospital.com

1ST ANNUAL

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**STURGIS
HOSPITAL
FOUNDATION
5K RUN/WALK**

Saturday, August 13, 2011



www.SignMeUp.com

MISSION OF THE FOUNDATION

The Sturgis Hospital Foundation is a nonprofit organization that values the community's health needs and believes the community will be enhanced by the long-term viability of our Hospital. We generate financial and volunteer support to improve the community's health and wellness.



COURSE

Sturgis Middle School Cross Country Course located at 14 00 E. Lafayette, Sturgis MI 49091 —

Parking on site

The course is a well groomed cross country course that winds through woods and fields.

AWARDS

Walker Awards will be over all top 3 male and female walkers.

Runner Awards will be presented 3 deep in 5 year age groups: 14 and under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70 and up.



ENTRY FEES

Individual \$25.00 by 7/30/11
\$27.00 after

Family~ \$50.00 (3 or more — immediate family) ~complete a separate form for each member

CONTACTS

Amy Allan
amyjallan73@gmail.com

Celia Geark
mickey_8141@hotmail.com

REGISTRATION

First Name _____

Last Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

Email _____

Age: _____ DOB ____/____/____ Gender: M ___ F ___

T-shirt size*: S ___ M ___ L ___ XL ___

**Pre-registration by 8-9-11 guarantees you a t-shirt*

Waiver: In consideration of your accepting this entry form, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators waive and release all rights and claims for damages I may have against Sturgis Hospital the sponsor of this event, its affiliates, representatives and agents for any and all injuries suffered by me at this event, or which may arise out of traveling to, participating in and returning from this 5K run/walk.

Signature: _____

Parent's signature: _____

Date: _____

Register online at www.SignMeUp.com

Complete and mail form(s) to:
Amy Allan, 304 S. Fourth St.
Sturgis MI 49091
For questions call: 269 659-4385

