

20th Annual



To Benefit Martha's Vineyard Hospital

Certification Code: MA 9900 1 RW

WHEN: Saturday _ August 23, 2008 _ 9:00 am

WHERE: Washington Park (Opposite Our Market) _ Oak Bluffs, MA

AWARDS: Top Male/Female Runners/Walkers in the Following Age Divisions:
(14 & under) (15-19) (20-24) (25-29) (30-34) (35-39)
(40-44) (45-49) (50-54) (55-59) (60-69) (70 & over)

Top Kid in the following Age Divisions:
(4 & under) (5-7) (8-10)

REGISTRATION: \$15.00 Mail-in Pre-registration
\$15.00 Pre-registration August 22nd _ MVH Lobby _ 3:00 pm - 6:00 pm
\$20.00 Race Day Registration _ Washington Park _ 7:30 am - 8:30 am
\$ 5.00 Kid's Fun Run

NUMBER PICK-UP: MVH Main Lobby _ August 22nd _ 3:00 pm - 6:00 pm
Washington Park _ August 23rd _ 7:30 am - 8:30 am

T-SHIRTS: Free T-shirts for the first 300 registered participants.
Sizes are distributed on a first come, first served basis.

Please complete this form for each participant and return with payment to:
Martha's Vineyard Hospital Development Office, PO Box 1477, Oak Bluffs, MA 02557

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

BIRTH DATE: _____ **AGE:** _____ **GENDER (Circle One):** MALE FEMALE

PARTICIPATION (Circle One): _____ **RUNNER** _____ **WALKER** _____ **KID'S FUN RUN** _____

(Walkers May NOT Run the Course and Will Be Disqualified)

SIGNATURE OF APPLICANT (Guardian if Under the Age of 18): _____

In consideration of this entry being accepted, I hereby, for myself and my heirs, executors or administrators, waive and release all rights and claims for damages I may have against MVH, the Town of Oak Bluffs and any and all sponsors for any and all injuries incurred before, during or after the Sullivan 5K Run/Walk.

Office Use Only: Race#: _____ Amount: \$ _____ Cash Check#: _____