

HOPE FOR HEALTH



5K RUN/WALK 2010



Oct. 30, 2010 8:00 a.m.
Downtown Orange- Main St near
the steps of Lutchter Theater

Registration Form

Name: _____ **Age on race day** _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: _____ **E- mail:** _____

Emergency Contact: _____ **Phone:** _____

Gender: M or F

Shirt Size Adult: S M L XL

Waiver: In consideration of your acceptance of this entry, I hereby, for myself, my heirs my executors and administrators waive any and all rights and claims for damages I may have against Orange County, its respective representatives and successors, and all sponsors, and will hold them harmless from injury suffered in this event. Also, none of the above is responsible for the loss of personal items, nor any other form of aggravation in connection with this event. I must be in good health to participate and assume the risks associated with this event. Fees are non-refundable.

Signature of Participant: _____ **Date:** _____

Parent's signature if under 18: _____ **Date:** _____

Entry Fee

Early \$15 by Oct 15

Day of race \$20

Mail To:
Leadership Advisory Board
PO Box 367
Orange, TX 77631- 0367

Can Also Register online
at
Active.com

Questions contact Liz Hogan 409- 988- 9974

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