5K Course: Flat, out and back

Pre-Entry Fee: $20 *(Includes long-sleeve shirt); $15 (No shirt)*

Pre-Entry Deadline: June 10, 2016

Race Day Fee: $25 *(Does not include shirt)*

Race Day Registration/Packet Pickup: 6:00 p.m. - 6:45 p.m

Race Begins at: Bellevue High School Track - 200 Oakland Ave., Bellevue

Awards:

No duplication of awards. First place overall female and male & female and male masters (40 and over). First through third place in each age group, female and male:

10 - 19 20 - 29 30 - 39 40 - 49 50 - 59 60 - 69 70 & over

Dr. D. Ross Irons 5K Memorial Run/Walk • June 24, 2016 • 7:00 p.m

PLEASE PRINT BELOW

NAME:_____ **AGE:** _____ **SEX:** M F **SHIRT SIZE:** S M L XLG

ADDRESS: _____ **CITY:** _____ **STATE:**_____ **ZIP:** _____

PAYMENT: ☐ **Check -** *Make check payable to The Bellevue Hospital Foundation*

☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ Discover Acct. #: _____ Exp. Date: _____

CCV (3-digit code on back): _____ Cardholder Name: _____ Signature: _____

MAIL ENTRIES TO: ***The Bellevue Hospital Foundation***, 1400 W. Main St., Bellevue, OH 44811

RACE QUESTIONS: ***419.483.4040, Ext. 4319***

In consideration of the acceptance of my entry in the Dr. D. Ross Irons 5K Memorial Run/Walk, I do hereby for myself, my heirs, my executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, against the The Bellevue Hospital and Foundation, all of the sponsors, and any other persons connected with this event, individually or collectively, from all responsibilities for any injury to person or property during this event on June 24, 2016.

SIGNATURE: _____

GUARDIAN SIGNATURE ***(if under 18)***: _____

☐ Check here if you are a current employee of The Bellevue Hospital.

Make checks payable to:
TBH Foundation

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