



# New Year's Day 5K

for the American Cancer Society in Memory of Denise Suits



**NEW TIME !  
11 a.m.**



SENTARA®

Center for Health & Fitness

**January 1, 2009**

**NEW COURSE !  
through Coliseum  
Central**

**Start:** parking lot of Sentara Careplex Hospital - 4000 Coliseum Dr. Hampton

**End:** Sentara Center for Health and Fitness (across the street from the start) 4001 Coliseum Dr. Hampton

**Fee:** \$15 prior to December 23  
\$20 after December 23 and event day

**Long sleeve T-shirt, food, beverages for every participant; Door prizes will be drawn**

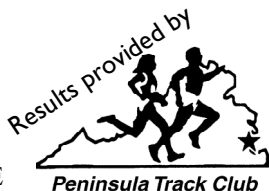


**Thank you Presenting Sponsors!**

**COLISEUMCENTRAL**  
GET CENTERED



HAMPTON FAMILY PRACTICE



**Contact / Send payment to:**

Nina Stickle or Kema Roberts

5K - Sentara Center for Health & Fitness

4001 Coliseum Dr. Hampton VA 23666

www.sentarafitness.com, (757) 637-7023 or 7027

[nstickles@powerwellness.com](mailto:nstickles@powerwellness.com)

[kroberts@powerwellness.com](mailto:kroberts@powerwellness.com)

**Make Checks Payable:** American Cancer Society

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age on Race Day \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male or Female T-Shirt: S M L XL XXL

PTC MEMBER: Yes or No (sorry, no passes accepted)

Phone \_\_\_\_\_

Email \_\_\_\_\_

Event Fee: \$15 before Dec. 23, \$20 after \$ \_\_\_\_\_

Additional Donation to American Cancer Society: \$ \_\_\_\_\_

**Total payable to American Cancer Society: \$ \_\_\_\_\_**

Funds will be donated to the American Cancer Society and the Cancer Fitness program subsidy fund

**Under 18:** This is to certify that my son/daughter has my permission to compete in the Sentara 5K Fun Run benefiting the American Cancer Society and that race officials have permission to authorize emergency treatment.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**WAIVER:** I hereby release Sentara Health Care, Sentara Center for Health & Fitness, CarePlex West Fitness Operations, LLC, Hammes Company, Peninsula Track Club, City of Hampton, all sponsors and contributors, all race staff and officials from any injuries or damages I may receive while participating in the fun run or activities associated with the event. I am in good physical condition and I am able to compete in any of the events for which I am registered. In addition, I grant permission for use of any photograph taken, motion pictures, recordings, or any other record of this event for any legitimate purpose. I certify that the information provided is true and complete and I agree to comply with the conditions of this event.

Participant Signature: \_\_\_\_\_

Date \_\_\_\_\_