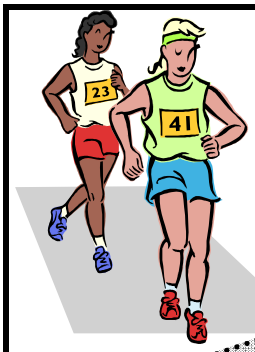

# New Year's Day 5K

*for the American Cancer Society in Memory of Denise Suits*

SENTARA®
Center for Health & Fitness

**11 a.m.**

**through Coliseum Central**

## January 1, 2010

**Start and End:** Sentara Center for Health and Fitness, 4001 Coliseum Dr. Hampton

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

**Packet Pick - Up:** December 31, 1-4 p.m. January 1: 9-10:45 a.m. at Sentara Center for Health and Fitness

***T-shirt, food, beverages for every participant; Door prizes will be drawn. Shirts not guaranteed for those not preregistered.***


COLISEUMCENTRAL
GET CENTERED

Results provided by
Peninsula Track Club

**Contact / Send payment to:**
Nina Stickles 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
kroberts@powerwellness.com
**Make Checks Payable:** American Cancer Society

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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 _____