

# Pledge List

	Sponsor's Name	Amount Sponsored**	PD
	Example: MR. JONES	\$10	✓
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

\*\*All sponsorship \$ should be collected and turned in on Sept. 25, 2010, at registration.  
Please make all checks payable to Good Samaritan Hospice.

To be completed by GSH Event Staff

5k Total Completed \_\_\_\_\_ Verified \_\_\_\_\_ Sponsorship Total \_\_\_\_\_/\_\_\_\_\_

Good Samaritan Hospice 5k Run / Walk  
Attn: Jennifer McIntire  
134 Marwood Road  
Cabot, PA 16023

# Good Samaritan Hospice



A Mission of Concordia Lutheran Ministries



## *The 9th Annual* MEMORIAL 5K RUN/WALK

September 25, 2010  
North Park Boat House

## TO REGISTER

Please complete the form below and return it with your registration fee payable to [Good Samaritan Hospice](#).

### Good Samaritan Hospice Memorial 5K Run/Walk

Attn: Jennifer McIntire, 134 Marwood Road, Cabot, PA 16023

For more information 1.800.720.2557 or [www.good-samaritanhospice.org](http://www.good-samaritanhospice.org)

#### Entry Form *(one per person, copies OK)*

My participation is in memory honor celebration of \_\_\_\_\_

Team/Family Name \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_ Age on Race Day \_\_\_\_\_

Shirt Size: S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ 5K Run\_\_\_\_ 5K Walk\_\_\_\_ Pup Race\_\_\_\_

To receive your complimentary event T-shirt in your requested size, you must register by Sept. 13.

Entry Fees: \$15 before 9/3 \*DO NOT mail registration after 9/20 - bring on day of race.  
\$18 after 9/3

#### Waiver - MUST be signed by ALL participants

In consideration of accepting this entry, the below signed, intending to be legally bound for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, any sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose including advertising and promotion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian if under the age of 18 \_\_\_\_\_

I am unable to attend the 9th Annual Memorial 5K Run/Walk but would like to make a donation. Please make check payable to: Good Samaritan Hospice.

This gift is: \_\_\_In honor \_\_\_In memory \_\_\_In celebration of  
\_\_\_\_\_  
Gift amount \$ \_\_\_\_\_

## EVENT DAY SCHEDULE

**Saturday, September 25, 2010**

**7:30 am – 11 am**

**North Park Boat House**

Prayer Service	7:30 a.m.
Registration	8:00 a.m.
Race Start	9:00 a.m.
Post Race Ceremony	10:00 a.m.
Wellness Fair	7:45 - 11:30 a.m.

## THE PUP WALK

Do you have a dog that loves to walk with you? Register it for just \$5 per pup. Participants will be eligible for special pup treats and prizes. All participating pups must be on a leash.

Just fill out a registration form and mark "Pup Race."

## AWARDS

Each participant will receive an event T-shirt at no cost. Awards will be given to qualifying participants in the following categories:

- Participant with Most Sponsors
- Participant with Most Sponsor \$
- Family with Most \$ Raised

Top three runners and top three walkers in the following categories:

- Men
- Women
- Children under 16

## OUR MISSION

To serve our aging community with the highest quality of services through a continuum of caregiving options provided in a Christian environment, and to serve those with limited funds to the best of our ability.

We join together at this memorial event to celebrate and remember our loved ones through our participation in the memorial run/walk.

The proceeds of this event help to support the community educational programs, benevolent care, and patient and family support programs provided by Good Samaritan Hospice, a mission of Concordia Lutheran Ministries, serving Allegheny, Armstrong, Beaver, Butler and northern Westmoreland counties.

*Timing services will be provided at the 5K.*