

*"Women Stepping Forward Together"*  
Encourage all the important ladies in your life to join you!  
- Form a Team or  
- Mother-Daughter Team



# MHA *Ladies* 5K RUN / WALK

Presented by:

*Memorial Hospital Auxiliary*

**SATURDAY ■ JUNE 4, 2011 (RAIN OR SHINE)**

**9 A.M. ■ SURGICAL CENTER OF YORK ■ 1750 FIFTH AVENUE, YORK**

(Located to the right of Memorial Hospital)

**Pre-registration before Wednesday, May 18<sup>th</sup> \***

\$20- fee includes a Women's Dri-Fit shirt or water bottle and goodie bag (\$25 after May 18)

\$10 fee for run only-no shirt or water bottle (\$15 after May 18)

*\* Teams that pre-register together with four or more ladies may take \$5 off each registration.*

**Race packets can be picked up on June 3 from 10 a.m. to 7 p.m. at Flying Feet – 1511 Mount Rose Avenue, York.  
Race Day registration and packet pick-up begins at 8 a.m. in front of the Surgical Center of York.**

**Special Rates Ladies Under 18 Years of Age**

\$10 fee includes aluminum water bottle

\$5 fee for run / walk only

## AWARDS

Awards will be given to the top three overall finishers and the top three in each age division. Prizes will be awarded to top three Mother-Daughter Teams in two age categories, Daughters under 18 and Daughters 18 and over. Mother-Daughter prizes will be awarded based on combined times. All participants under the age of 18 will receive a participation medal.

## DIVISIONS

13 and under; 14-18; 19-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60 and over *(No duplication of awards)*

## RACE DAY

Measured course run is held on paved streets • Professional timer • Complimentary refreshments

Awards ceremony and random drawings will be held following the race.

Parking is available at the Surgical Center of York. Please enter through the rear entrance on Sixth Avenue.

**Mail applications along with check to:** Memorial Hospital Auxiliary, 325 South Belmont Street, York, PA 17403

**Make checks payable to:** Memorial Hospital Auxiliary (Proceeds benefit Memorial Hospital Auxiliary)

**Please call Memorial Hospital's Community Relations office at 849-5492 for additional information.**

For directions: <http://www.mhyork.org/Patients-And-Visitors/Driving-Directions.aspx>

***Special Thank You to Stauffer's Biscuit Company our Race Sponsor!***

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PLEASE PRINT. READ CAREFULLY. NO REFUNDS. RAIN OR SHINE

NAME \_\_\_\_\_  
Last First MI

Age on 6/4/11 \_\_\_\_\_

TEAM Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARTNER Name \_\_\_\_\_

*(Mother-Daughter Teams only)*

City State Zip

Women's Shirt Size /Water Bottle *(circle one)*

TELEPHONE \_\_\_\_\_

**S M L XL or Water Bottle**

EMAIL \_\_\_\_\_

*(Register early -limited availability)*

*(Office Code - MHW)*

In consideration of the acceptance of this entry to the Memorial Hospital Auxiliary 5K, I waive all claims for myself, my heirs and the assigns the sponsors, cooperating groups and any individuals associated with the event and will hold them harmless for any and all injuries or illness which may result from my participation. I further state that I am in proper physical condition to participate in this race. I hereby give my permission to the media to use my name and/or picture in any newspaper, broadcast, telecast or any account of this event, without limitation, and without obligation to anyone to compensate me further therefore.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If less than 18 years old)