

Second Annual
Great River Hospice Fun Run/Walk
Saturday, November 7th @ 9 am

All proceeds from this event support Great River Hospice and ongoing operations of Great River Hospice House.

4 Mile Run/Walk – Entry Fee: \$15 – pre-registration; \$20 – after October 23rd, 2009

**Includes long sleeve shirt

**Please no strollers

Divisions:	9 and under			
	10-14	25-29	40-44	55-59
	15-19	30-34	45-49	60-64
	20-24	35-39	50-54	65 and over

**Trophies will be awarded to 1st place overall male and female winners

**Medals will be awarded to the first 3 finishers in each age group

1 Mile Stroll – Entry Fee: \$15– pre-registration; \$20 – after October 23rd, 2009

**Includes long sleeve shirt

**Stroll, Walk or Run around the lake – strollers welcome

**Start time is 9 am for the 4 Mile Run/Walk and the 1 Mile Stroll
Award Ceremony will begin at 10 am

Registration: Friday, November 6th from 4 pm – 7 pm @ Great River Hospice House

Begins at 7:30 am until 8:30 am on the day of the event

GRMC – enter main entrance, turn left, look for tent near lake side walkway

There will be refreshments and light snacks available to all participants after the race.
Opportunities to tour the Great River Hospice House will be available during this time.

Entry forms will be accepted the day of the event. Shirts will not be guaranteed!!

No Refunds!! Event will take place regardless of weather!!

For questions contact Aaron Mennen at 319-750-4063 or email grhospicerunwalk@hotmail.com

Name: _____ Female Male

Street Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____ Date: _____ Age (as of 11/7/09): _____

Email Address: _____

Shirt Size (circle one): **Youth** 6-8 10-12 14-16 **Adult** S M L XL 2X

4 Mile Run 4 Mile Walk 1 Mile Stroll around the lake

Please send your entry form and check, payable to Hospice Fun Run/Walk, to: Peggy Collins
2832 Herblo
Burlington, IA 52601

Entry form must be post marked by Friday, October 23rd for pre-registration.

WAIVER: By my signature I (for myself, representatives) declare full responsibility for myself during participation in the Hospice Fun Run/Walk. Furthermore, I waive and release any and all claims for damages against the City of West Burlington, City of Burlington, Great River Medical Center, Great River Hospice House, Burlington Rec Plex, race officials, workers, and volunteers for any and all injuries I may sustain in connection with this event.

Signature: _____ Total Enclosed: \$ _____
(Parent or guardian's signature required if runner is younger than 18 years old)