



**COFFEY COUNTY HOSPITAL
REHABILITATION DEPARTMENT
5K RUN/WALK
September 26, 2009**

\$15 on or before September 20th
\$20 on day of run

Free T-shirt!!!

7:30 Registration
8:30 Race

Coffey County Hospital South
Parking Lot off Garrettson St.

Registration forms located at:

Coffey County Hospital Rehabilitation Department and Volunteer Desk;
Coffey County Health System Clinics in LeRoy, Gridley, Waverly, and Yates Center;
and The Burlington Recreation Center.

Or call 620-364-5655 ext:4255 or 620-255-1792
for registration forms and further information.

Coffey County Hospital



5K Walk/Run

Celebrating National Rehabilitation Week

DATE: SEPTEMBER 26, 2009	REGISTRATION: \$15 ON OR BEFORE SEPTEMBER 20TH \$20 ON DAY OF RUN
TIME: 7:30-8:30 AM REGISTRATION 8:30 AM 5K RUN/WALK	T-SHIRT: FREE TO PRE-REGISTERED ENTRANTS AND WHILE SUPPLIES LAST ON DAY OF EVENT TO ENTRANTS.
LOCATION: COFFEY COUNTY HOSPITAL SOUTH PARKING LOT OFF GARRETTSON ST.	PRIZES: AWARDS WILL BE GIVEN TO THE TOP 2 MALES AND FEMALES IN THE FOLLOWING AGE GROUPS PLUS THE TOP MALE AND FEMALE RUNNERS OVERALL: 12&UNDER, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

REGISTRATION: COMPLETE FORM BELOW AND RETURN WITH PAYMENT

MAKE CHECK PAYABLE TO:
Coffey County Hospital
801 N. 4th
Burlington, KS 66839

CHECK ONE:
T-SHIRT SIZE (ADULT): _____ S _____ M
_____ L _____ XL
CHECK ONE: _____ MALE _____ FEMALE

NAME: _____

ADDRESS: _____

PHONE: (____) _____ . _____ AGE (DAY OF RACE): _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

WAIVER: In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Coffey County Hospital, its respective representatives and successors, and all sponsors, and will hold them harmless from injury suffered in this event. Also, none of the above is responsible for the loss of personal items nor any other form of aggravation in connection with this event. I have been warned that I must be in good health to participate in this event.

SIGNATURE: _____ DATE: ____/____/____

SIGNATURE OF PARENT OR GUARDIAN (if under 18): _____