



HOSPITAL
FOUNDATION



THANKSGIVING DAY RACE

THURSDAY NOV. 22, 2018

Lake Santee Main Beach

7:00 AM REGISTRATION
8:00 AM RACE BEGINS

Proceeds from the
DAM Thanksgiving Day Race
will benefit the DCMH Men's Health
Fund.

Questions

(812) 663-1220

or visit www.dcmh.net/5K

Registration form on back.

PRE-REGISTRATION DEADLINE

NOV. 1, 2018

\$25 Pre-Registration (\$30 after 11/1)

\$5 Children under 9 years of age

Only individuals who
are pre-registered
before November
1st are guaranteed a
t-shirt

If mailing form and payment, please send to:

Decatur County Memorial Hospital
ATTN: Susan Burkhart
720 N. Lincoln Street
Greensburg, 47240

**To pay by credit card, please register
online @ www.dcmh.net/5k**

**PLEASE COMPLETE ONE FORM PER INDIVIDUAL
OR FAMILY**

**MAKE CHECKS PAYABLE TO:
HOSPITAL FOUNDATION OF DECATUR COUNTY**

NAME:

Address:

City/State/Zip:

Phone:

***ALL RUNNERS WILL RECEIVE A TIME CHIP FOR TRACKING OFFICIAL TIME**

**LIST NAMES TO BE REGISTERED FOLLOWED BY T-SHIRT INFORMATION.
(LIMIT 4 PER FAMILY REGISTRATION)**

T-shirt can only be GUARANTEED
if registered by November 1st, 2018

	YS	YM	YL	AS	AM	AL	AXL	A2X	A3XL
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAIVER

In consideration of you accepting this entry, I/We, hereby for myself, my/our heirs, executors and administrators do release and discharge forever any and all sponsors and associates promoting and/or staging the Hospital Foundation's 5K ; and waive its responsibility for injury resulting from this event.

Signature:

Date:

Parent Signature: *(if under 18)*

Please return this form with payment to the Foundation Director, Susan Burkhart at DCMH.