# 2018

# 2018 Newport Autumn Bloom 5K & 10K Run

eptember 15,2018 • Newport, W A 1 J Kelly Park (Corner of 1 st 5 treet & Washington Avenue)

## 10K is a second seed qualifier for Bloomsday 2019!

#### Entry fees:

- \$30 Adult pre-registration, with shirt
- **\$20 Youth** (under 16 yrs). pre-registration with shirt
- \$20 Pre-registration, no shirt
- \$5 OFF each registration for Groups of 6 or more! (Corporate/Club/ Team/Family) ~call for your code!
- \$20 On-site registration, no shirt On-site registration: 7:30-8:30AM

Shirt Style: Long sleeve, dry-fit E Shirt Sizes:

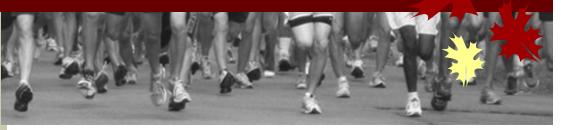
- ☐ Youth SM
  - ☐ Youth MED
- ☐ Youth LG
- ☐ Adult SM
- ☐ Adult MED
- □ Adult LG
- ☐ Adult XL
- ☐ Adult XXL
- $\square$  Special order size (add \$5)

NEWPORT HOSPITAL & HEALTH SERVICES FOUNDATION

> 714 W. Pine Street Newport, WA 99156

Contact: Lori Stratton. **Foundation Assistant** 

Phone: 509.447.7928, ext. 4373 Lori.Stratton@nhhsqualitycare.org



This year's event benefits the local Healthy Kids Snack Bag Program, Reach Out and Read and other hospital programs!

#### 2018 Registration Options

Register online: www.RaceRoster.com • Fax: 509.447.5527 Download Form: www.NewportHospitalAndHealth.org Mail or Drop Off: NHHS Foundation, 714 W. Pine St., Newport, WA 99156

### <u>Please complete one registration form per person</u>

(Pre-registration deadline is September 11, 2018)

$\square$ 5K Fun	□10K Fun	$\square$ Wheelchair	□10KB	oomsda	ay Qualifier	
ast Name:	First Name:					
ddress:		City:		State:	_ Zip:	
ate of Birth: _	//	_ Age:	[] Male	[]Fem	ale	
-Mail Address:					·	
		Make che		to <b>NHHS</b>	Foundation.	
otal Pmt. Amount: \$ for # of participants included in total:						
lames of those included in total (mark their forms as "Paid by: Your Name"):						
corporate / Gro	oup Name:		DISCOU	NT CODE:_		
Team Captain Name/Phone:/()						
(Groups of six or more <u>must submit all registrations together</u> to be considered for the group discount. For DISCOUNT CODE, call the Foundation Office at 509.447.7928, ext. 4373).						
Credit Card: ☐ Visa ☐ Mastercard ☐ Discover Expiration Date:/Code:						
Card Number: _	<del>-</del>	<del>-</del>				
		(				
Amount:	<u>Cardholder</u>	Signature:				
ourism support for 2018 Autumn Bloom is provided by City of Newport Hotel/Motel Tax Funds.						
able and properly traine	d. I agree to abide by any d	etitive road race is a potentially lecision concerning my safety by use of my name and image in p	race officials during	the event. I also	understand the	

and understood this waiver, I wave and release the Newport Hospital & Health Services Foundation, its sponsors, and representatives from all claims or liabilities arising from my participation in the 2018 Newport Autumn Bloom 5K & 10K Run. Parent or guardian must sign for participants under 18 years old.

Participant Signature:	Date:
Parent/Guardian Signature:	Date: