



2018 Newport Autumn Bloom 5K & 10K Run

September 15, 2018
9 AM • Newport, WA
TJ Kelly Park
(Corner of 1st Street & Washington Avenue)



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

10K is a second seed qualifier for Bloomsday 2019!

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

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
Shirt Sizes:

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

Please complete one registration form per person
(Pre-registration deadline is September 11, 2018)

- 5K Fun 10K Fun Wheelchair 10K Bloomsday Qualifier

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Age: _____ [] Male [] Female

E-Mail Address: _____

Phone: (____) _____ -- _____ Make checks payable to **NHHS Foundation**.

Total Pmt. Amount: \$_____ for # of participants included in total: _____

Names of those included in total (mark their forms as "**Paid by: Your Name**"): _____

Corporate / Group Name: _____ DISCOUNT CODE: _____

Team Captain Name/Phone: _____/(____) _____- _____

(Groups of six or more must submit all registrations together 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: _____ - _____ - _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Amount: _____ **Cardholder Signature:** _____

Tourism support for 2018 Autumn Bloom is provided by City of Newport Hotel/Motel Tax Funds.

WAIVER: I know that running or walking a competitive road race is a potentially hazardous activity. I would not enter unless I was medically able and properly trained. I agree to abide by any decision concerning my safety by race officials during the event. I also understand the registration fee is non-refundable. I will permit the use of my name and image in promotional materials for this and future events. Having read 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: _____

NEWPORT HOSPITAL & HEALTH SERVICES FOUNDATION

714 W. Pine Street
Newport, WA 99156

Contact: Lori Stratton,
Foundation Assistant

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