2017

Newport Autumn Bloom 5K&10K Fun Run

September 16,2017 9 A M Newport, W A TJ Kelly Park (Corner of 1 st Street &

Washington Avenue)

10K is a second seed qualifier for Bloomsday 2018!

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

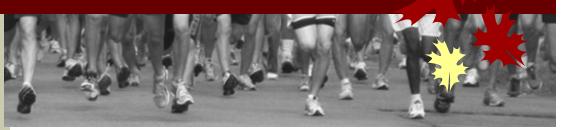
☐ Adult XXL

☐ 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!

2017 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 12. 2017)

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\square 5K Fun	□10K Fun	\square Wheelchair	□1 <i>0</i> KB	loomsda	ay Qualifier	
Last Name:		First Name:				
Address:		City:		State:	Zip:	
		Age:				
		Make che			Foundation.	
		for # of participar				
		al (mark their forms				
Team Captain Name/Phone:			/(_)		
(Groups of six	or more <u>must sub</u>	<u>mit all registrations to</u>	<u>gether</u> to be c	onsidered	for the group	
discount. Fo	r DISCOUNT CODE	, call the Foundation	Office at 509.4	147.7928,	ext. 4373).	
Credit Card: □	Visa □ Mastercar	d □ Discover Expirati	on Date:	/ Co.	de:	
		(
		r Signature:				
		n Bloom is provided by				
able and properly train registration fee is non- and understood this wa	ed. I agree to abide by any refundable. I will permit the river, I wave and release the	petitive road race is a potentially decision concerning my safety be use of my name and image in per Newport Hospital & Health per in the 2017 Newport Autument	y race officials during promotional materials Services Foundation	g the event. I als for this and future, its sponsors, a	o understand the ure events. Having read and representatives from	

participants under 18 years old.

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