



Newport Autumn Bloom 5K & 10K Fun Run

September 16, 2017
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 2018!

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

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 12, 2017)

- 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*"): _____

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 2017 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 2017 Newport Autumn Bloom Fun 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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Lori.Stratton@nhhsqualitycare.org