



“HOOPS FOR HOPE”

INAUGURAL RUN FOR A CURE 5K RUN/WALK

SATURDAY, OCTOBER 6TH – 8:00 A.M.

REGISTRATION: PRE-REGISTER BY MAIL POSTMARKED NO LATER THAN FRIDAY, SEPT. 28, 2012. RACE DAY REGISTRATION BEGINS AT 7:00 A.M. AT TAYLORSVILLE HIGH SCHOOL GYM, TAYLORSVILLE, MISSISSIPPI.

START TIME: THE 5K RUN/WALK BEGINS AT 8:00. THE 1 MILE FUN RUN/WALK WILL IMMEDIATELY FOLLOW THE 5K.

START/FINISH LINE: RACE BEGINS AND ENDS AT TAYLORSVILLE HIGH SCHOOL GYM, TAYLORSVILLE, MISSISSIPPI.

ENTRY FEE: PRE – REGISTRATION POSTMARKED BY SEPT. 28, 2012 - \$15.00. RACE DAY REGISTRATION IS \$20.00.

PLEASE CIRCLE: 5K RUN 5K WALK 1 MILE RUN PLEASE CIRCLE: MALE OR FEMALE

T SHIRT SIZE – CIRCLE ONE: YM YL AS AM AL AXL AXXL

MAKE CHECKS PAYABLE TO: “HOOPS FOR HOPE” LADY TARTARS 5K RUN

MAIL CHECK & REGISTRATION FORM TO: COACH ANGELA MOORE, TAYLORSVILLE HIGH SCHOOL, PO BOX 8, TAYLORSVILLE, MS 39168. ANY QUESTIONS CALL ANGELA MOORE @ 601-382-3704

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

CELL # _____ AGE ON OCT. 6, 2012 _____

T SHIRTS ARE GUARANTEED FOR ONLY PRE REGISTERED RUNNERS AND WALKERS.

WAIVER: I CERTIFY THAT I AM ADEQUATELY TRAINED AND FIT TO PARTICIPATE IN THIS RACE. In the consideration of the acceptance of this entry, I, the undersigned, for myself, my personal representatives, my beneficiaries, and heirs release all involved in the “Hoops for Hope” 5k run/walk for a cure for any and all injuries, illness, damage or death suffered by me in this event. I will allow my picture and name to be used in telecasts and publications as a result of this event. I understand that entry fees are nonrefundable.

Signature _____ Date _____

(parents sign if under 18)

IF YOU ARE A CANCER SURVIVOR AND PARTICIPATING IN THIS EVENT WE WANT TO RECOGNIZE YOU AT OUR AWARDS CEREMONY. PLEASE CHECK THIS SECTION AS A SURVIVOR.

_____ I AM A CANCER SURVIVOR.

IF YOU ARE RUNNING/WALKING IN HONOR OR IN MEMORY OF SOMEONE, PLEASE FILL THIS OUT.

_____ I AM RUNNING/WALKING IN HONOR OF A CANCER SURVIVOR

SURVIVOR'S NAME _____

_____ I AM RUNNING/WALKING IN MEMORY OF A CANCER SURVIVOR

SURVIVOR'S NAME _____