

Saturday, November 29, 2003

5K Run • 2-Mile Run or Walk • 1-Mile Fun Run

Certified Course on the grounds at Alliance-Laird Hospital
Union, Mississippi



ALLIANCE-LAIRD HOSPITAL

TURKEY TROT

ENTRY FEES:

- \$15.00 Pre-registration, ends 11/19/03
- \$20.00 Day of Race, Registration at 7:30 a.m.
- \$40.00 Family Entry, 3 or more

9:00 a.m.	1-Mile Fun Run
9:00 a.m.	2-Mile Run or Walk, Predict your time *
10:00 a.m.	5K Run

All proceeds
dedicated to Alliance-
Laird Hospital's
Women's Auxiliary

AWARDS:

- \$50.00 Cash for 5K and 2-Mile
- Overall Male & Female
- Division Race/ 5 Places for 5K
- Father/Son & Mother/Daughter (5 or more entries)
- Top 10 Places in the 2-Mile Predict Your Time



First American
PRINTING AND DIRECT MAIL

**Long-sleeve T-Shirt,
goodie bag and
brunch included for
all participants**

OFFICIAL 2003 TURKEY TROT REGISTRATION FORM

**Make checks payable to:
Alliance-Laird Turkey Trot**

**Mail Registration Form
& check to:**
**Alliance-Laird
25117 Highway 15
Union, Miss. 39365**

**For additional
information, please call:
Lydia or Kristi at
601-562-1037 Or
Becky at 601-774-8214**

Name _____

Address _____

City/State/Zip _____

Telephone _____ e-mail: _____

Male Female Age _____

Race Divisions: 14 & Under 15-19 20-24

25-29 30-34 35-39 40-44 45-49

50-54 55-59 60-64 65-69 70+

Clydesdales: Female, 150+ Male 200+

Race Info: 5K 2-Mile Predict your time* 1-Mile

(check one or more) Predicted time: _____

T-Shirt sizes: S M L XL 2X Child M

* 2-Mile predict your time. Winners are chosen based on how close they run/walk to the time that is predicted on the Registration Form. No watches allowed in this race.

In consideration of your acceptance of my entry into this race, I for myself, my executors, administrators and assigns do hereby release and discharge Alliance-Laird Hospital, all sponsoring businesses and organization and volunteers from all claims of damages, demands, actions and causes of action whatsoever, in any manner arising or growing out of my participation in this event. I also hereby consent to permit emergency treatment in the event of injury or illness

Signature _____ Date _____