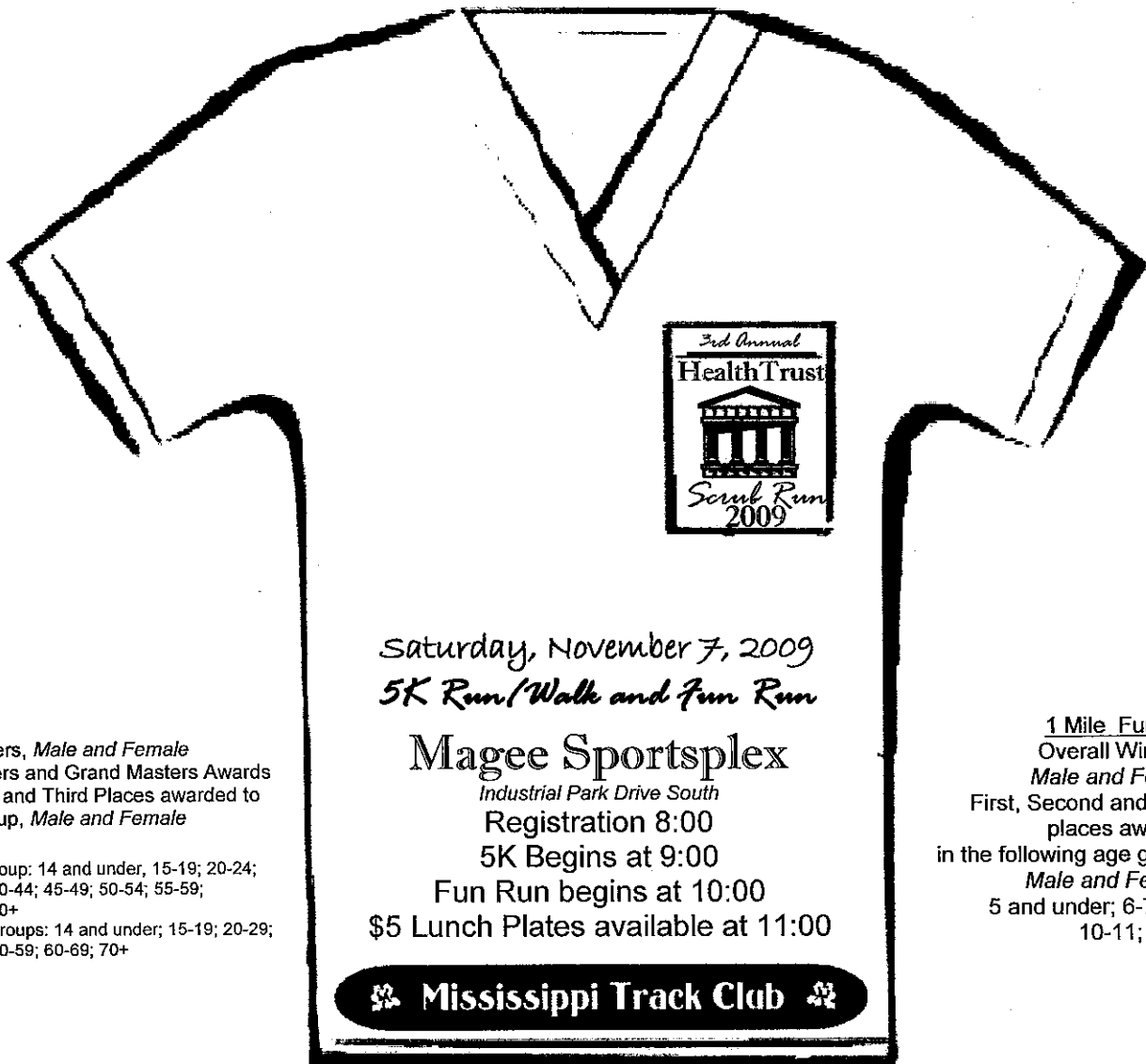


# 3rd Annual HealthTrust

## Scrub Run



### 5K Run/Walk

Overall Winners, *Male and Female*  
Overall Masters and Grand Masters Awards  
First, Second and Third Places awarded to  
each age group, *Male and Female*

5K Run Age Group: 14 and under, 15-19; 20-24;  
25-29; 30-34; 40-44; 45-49; 50-54; 55-59;  
60-64; 65-69; 70+

5K Walk Age Groups: 14 and under; 15-19; 20-29;  
30-39; 40-49; 50-59; 60-69; 70+

### 1 Mile Fun Run

Overall Winners, *Male and Female*  
First, Second and Third  
places awarded  
in the following age groups  
*Male and Female:*  
5 and under; 6-7; 8-9;  
10-11; 12-13

*Join us for a morning full of fun, live music, door prizes, give-a-ways, and more.*

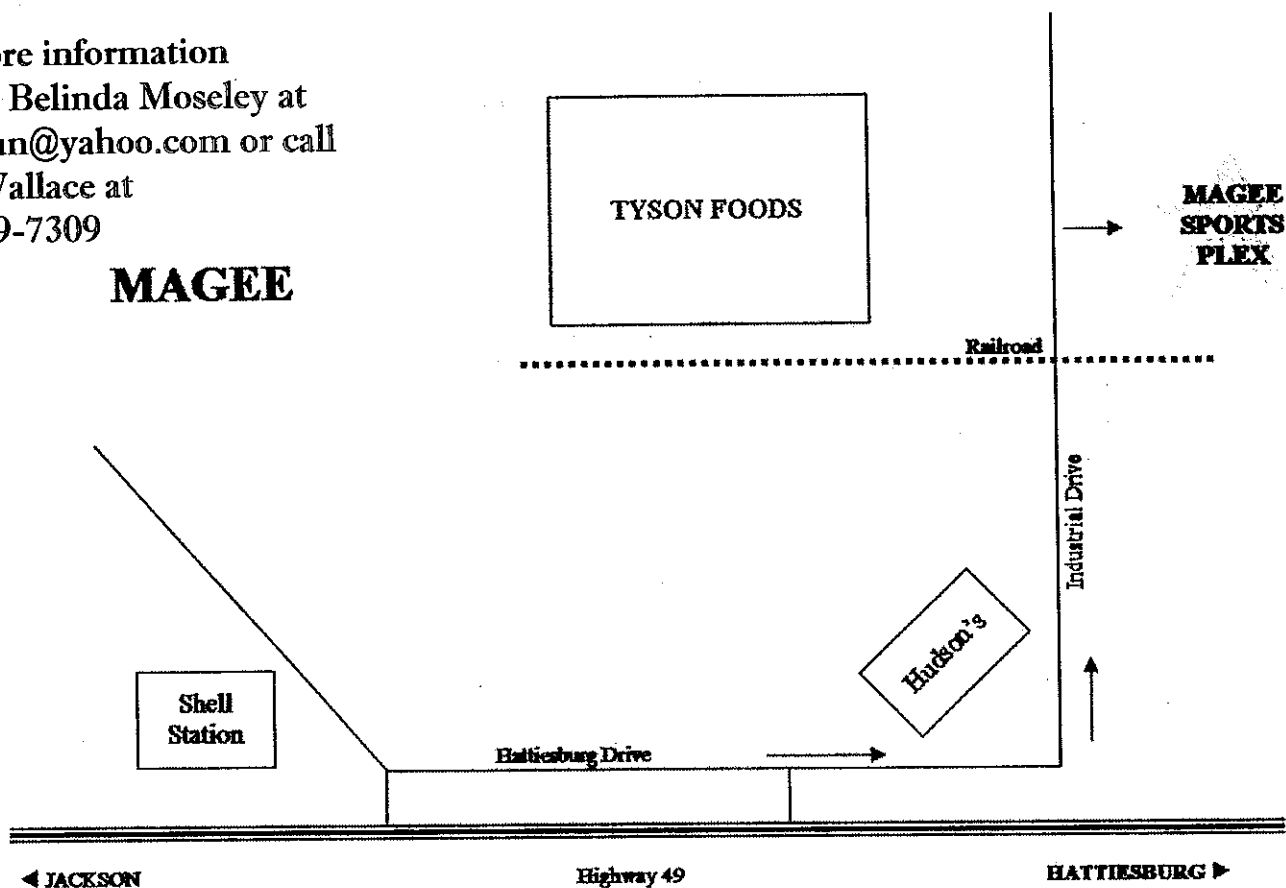


Dedicated to the  
availability  
of quality healthcare

HealthTrust is the charitable foundation for Magee General Hospital. The mission of HealthTrust is to serve our community by providing Access to healthcare delivery, assistance to the underserved, and Clinical services for prevention and treatment of disease. This is made possible in part by this fundraising event.

For more information  
 contact Belinda Moseley at  
 scrubrun@yahoo.com or call  
 Pam Wallace at  
 601-849-7309

**MAGEE**



**Registration Form**

Detach and mail by October 30th to:  
 HealthTrust Scrub Run, 182 Dogwood Trail, Magee, MS 39111  
 Please use one registration form per person.

Name \_\_\_\_\_ Age (day of race) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

*Please Circle:*  
 T-Shirt Size:    S    M    L    XL  
 Youth T-Shirt:   XS   S    M    L

**Please mark the event you wish to enter:**  
 5K Run            \$15 pre-registered or \$20 Race day  
 5K Walk            \$15 pre-registered or \$20 Race day  
 1Mile Fun Run    \$10 (13 and under)

Waiver: In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and assignees do hereby release and discharge HealthTrust Foundation, the Mississippi Track Club, Inc., and all others from all claims, damages, demands, actions whatsoever in any manner arising or growing out of my participation in this athletic event. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate in this race. I further authorize the use of my name and photo as may be used for publicity of the race and results.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of parent (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to:**  
 HealthTrust Foundation  
 No refunds permitted.