

4th Annual HealthTrust

Scrub Run



Saturday, November 6, 2010

5K Run/Walk and Fun Run

Magee Sportsplex

Industrial Park Drive South, Magee, MS

Registration 8:00

5K Begins at 9:00

Fun Run begins at 10:00

\$5 Lunch Plates available at 11:00

Mississippi Track Club

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

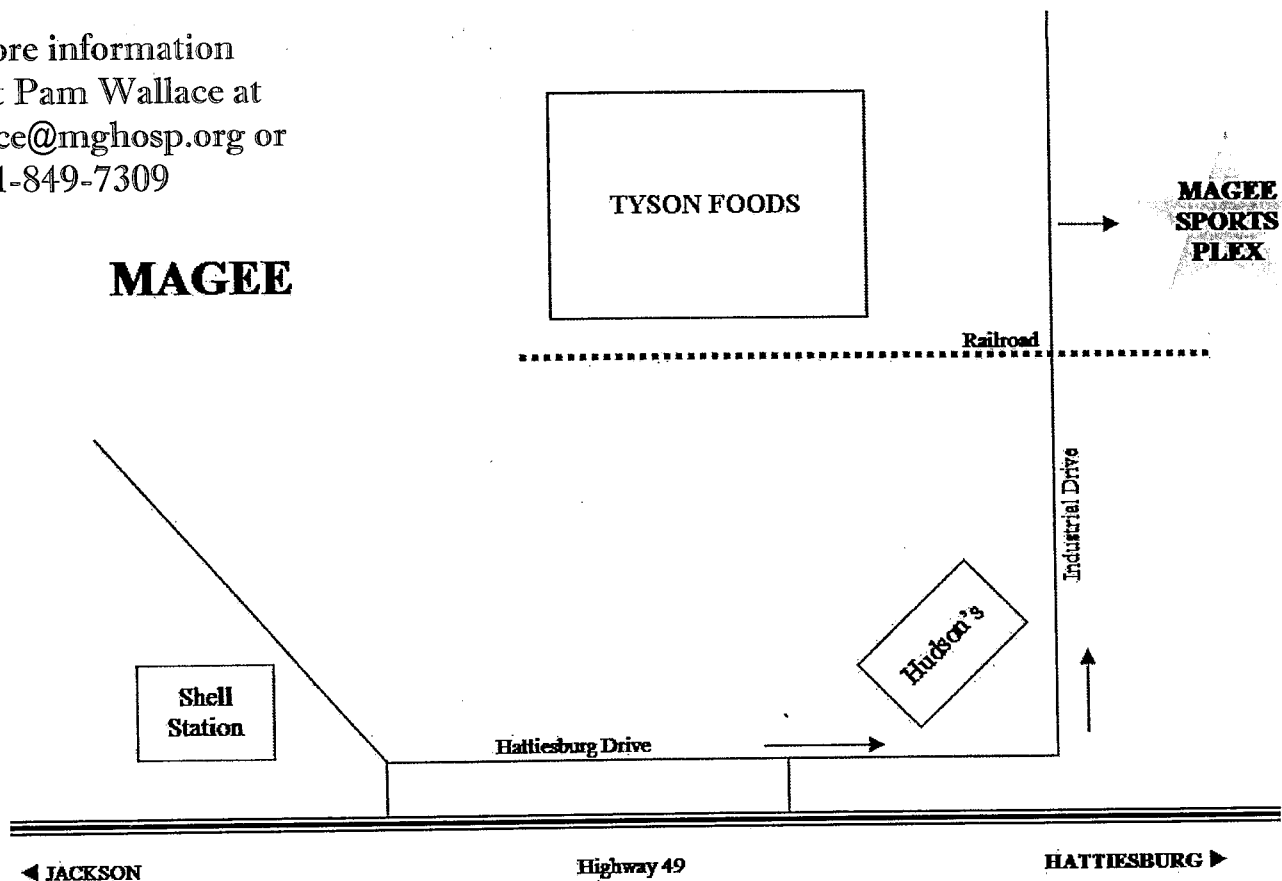
Join us for a morning full of fun. Runners will be eligible for door prizes.



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 Pam Wallace at
 pwallace@mghosp.org or
 call 601-849-7309



Registration Form

Detach and mail by October 30th to:
 HealthTrust Scrub Run, Attn: Kathy Smith P O Box 859, 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 \$20 pre-registered or \$25 Race day
 5K Walk \$20 pre-registered or \$25 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.**