



# “Hospice Care 10K Chocolate Chase”



## 10K Run Registration

When: Saturday, April 10, 2010 race starts at 9:00 AM  
Where: Lewisburg, West Virginia

The Race will start at the Greenbrier Valley Airport, cross RT 219N and follow Arbuckle Rd. to Fairview and end at the Greenbrier County Courthouse.

Participants should be at the Greenbrier Valley Airport between 8:00-8:45 AM for check-in. Cooperation in arriving early for packet pick-up and registration will be appreciated. Rest rooms will be available at the airport for participants. **There will be no shuttle service provided between the airport and Lewisburg.**

**Registration:** Pre-registration forms must be postmarked by April 5, 2010. Late registration will be allowed on the day of the race from 8:00 AM to 8:45 AM at the Greenbrier Valley Airport.

**Runner entry fee:** \$15.00 for pre-registration (non-refundable), \$20.00 on the day of the race. Please make checks payable to Hospice Care.

**Age categories:** Male 13-15; 16-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-59; 60-69; 70+.  
Female 13-15; 16-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-59; 60-69; 70+.

**Prizes:** T-shirts for all participants. Trophies for winners in men’s and women’s divisions - 1<sup>st</sup> place, 2<sup>nd</sup> place and 3<sup>rd</sup> place in each category. **Drawings for additional prizes may be offered and all registered runners will be entered.**

**Information:** Contact Dr. Meg McKeon at WVSOM 304-647-6401.  
Email: [mmckeon@WVSOM.edu](mailto:mmckeon@WVSOM.edu).

I, the undersigned, hereby enter the above-described race. In consideration of the acceptance of my entry, I certify that I am physically fit to participate and agree to be bound by all the rules of the event and decisions of the official judges. I do hereby forever release and discharge the sponsors of the event, Hospice Care and all other officers, agents, employees and directors of said organizations from any and all claims, causes of action or suits in which I, or my heirs or assigns, shall or may have arising from a result of my participation in the said event to be held April 10, 2010. I do further consent to the use of my name and/or photographs in connection with the publicity concerning the race.

**Please Print or Type**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female:  T-shirt size: S M L XL XXL  
(Circle One)

\_\_\_\_\_  
Date: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Signature of Participant or Guardian if under 18 years of age**

Mail entry form & entrance fee to: Dr. Meg McKeon, WVSOM, 400 N. Lee St., Lewisburg, WV 24901

How did you hear about our race?

Running Club  Friend  Choc.Chase e-mail  Newspaper  Radio

Lewisburg Choc.Festival website  HospiceCare website