Thanks For Giving

HAPPY THANKSOIVING

2 Mile Run/Walk

Sunday November 20, 2016 7:30 AM

CONDUCTED BY: Complete Sports Productions For more info call 639-0303.

DATE & TIME: Sunday, November 20, 2016 at 7:30 AM

RACE LOCATION: Providence Hospital, Mobile, AL (east side) Building B

DISTANCE: Fairly flat course double loop for the 2 Mile Run/Walk

SPLITS: Splits called at mile mark.

AWARDS: 2 MILE RUN: Awards to top ten men and women overall. We'll also have random

drawing for other prizes.

REGISTRATION: Pre-register by mail (postmark by November 12), walk-in at McCoy Outdoor, Run-

N-Tri, or Fleet Feet in Mobile or Running Wild in Fairhope by noon November 17,

or online http://thanksforgiving2016.eventbrite.com by 4 AM November 18.

ENTRY FEE: Pre-registered: \$8.00 Day of race - \$10.00.

Register Day of race from 6:30 to 7:20 AM at Providence Hospital.

DONATIONS: Please bring canned food, gently used shoes and unused race shirts to

donate to the Waterfront Mission

SPONSORED BY: KIKER CORPORATION (www.kikercorp.com),

PROVIDENCE HOSPITAL (www.providencehospital.org),

SACRO WEDGY® (www.sacrowedgy.com), HYDRALYTE(VITALYTE) (www.hydralyte.com)

The Trophy Shop

ENTRY FORM FOR Thanks for Giving 2 MILE RUN/WALK 2016

Last Name:	First Nar	First Name:		Sex: M F
Address:	City, State, Zip:			
Date of Birth:	Phone:	Email:		
WAIVER, RELEASE & COVENANT N In Consideration of Complete Sports F licensees, contractors, successors & a waive & discharge forever said Compl contractors successors & assignees fr consequences thereof resulting from r verify that I am physically fit & have su condition. Further, I hereby grant full p other record of this event for any purpo	Productions, LRH Productions, Provagents organizing & conducting the ete Sports Productions & LRH Productions & LRH Productions and & all known or unknown, formy running &/or participating in said ufficiently trained for the completion permission to any & all of the foregoi	dence Hospital, their sponsor above said race & allowing me uctions, it's sponsors, agents, reseen or unforeseen, bodily & race & covenant not to sue foof this event & a licensed med	e to participate & run servants, representa & personal injury, dan or any said injuries &/o dical doctor has verifie	in said run. I hereby atives, licensees, mage to property & the or damage. I attest & ed my physical
Signature	Darant or Cuardian if particin			Date

(Signature of Parent or Guardian if participant is under 19)

Make checks payable to: Complete Sports Productions

Mail applications to: Thanks for Giving; LRH Productions: PO Box 6976; Mobile, AL 36660