

27th Annual
**5K Run For A Noble Cause
 & Walk For Good Health**



Saturday, April 30, 2011
 Beveridge Pavilion, Stanley Park
 Westfield, MA
 9 a.m. Start Time*
 www.noblehospital.org

Course Description

Flat out and back through a lovely residential area, the 5K Run & Walk will begin at the Beveridge Pavilion at Stanley Park. Split times will be provided at every mile.

Registration

On or before April 15, \$25* (Seniors 60 & up, \$15)

April 16 to April 30, \$30* (Seniors 60 & up, \$20)

* Children under the age of 12 are registered free of charge when accompanied by a paying parent or guardian.

Registration fees are non-refundable. Register in advance by mail, or in person on the day of the race. Early registration is encouraged.

*** Check-In, 7:30-8:30 a.m.**

All participants must check in and pick up their number on the day of the race. The check-in table is located in the Beveridge Pavilion located inside the Main Entrance to Stanley Park off Western Avenue.

T-shirts

T-shirts and sizes are available on a first-come, first-served basis, while inventory is available. Please pick up T-shirts at the check-in table on race day.

REGISTRATION FORM *Please feel free to copy this form.*

Each participant must complete and return a registration form.

Participants under 12 are FREE with a paying adult.

Early registration is encouraged.

**Saturday, April 30, 2011
 9 a.m. Start Time (*7:30-8:30 a.m. Check-In)
 Beveridge Pavilion, Stanley Park
 Westfield, MA**

I will participate in the (please check one):

Run Walk

I will participate as (please check all that apply):

Individual Team
 Wheelchair School

T-shirt size (please check one):

Small Medium Large X-Large XX-Large

School Name: _____

First Name: _____

Last Name: _____

Gender : Male Female

Age on 04/30: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip + 4: _____

Preferred Phone: _____

Preferred Email: _____

Team Name (if applicable): _____

RELEASE FORM: I, the undersigned participant and/or undersigned parent or guardian (if applicable), release Noble Hospital and its associates from all claims for any injuries, death, or property damage arising from involvement in the Run For A Noble Cause & Walk For Good Health (a 5K, 3.1 mile road race) to be held on April 30, 2011 in Westfield, Massachusetts. I further agree that Noble Hospital and the news media may photograph the participant and disseminate information about his/her participation in the Walk/Run and may reproduce photographic materials for other purposes. I have read and understand the foregoing release and sign voluntarily.

Participant Signature

Parent/Guardian Signature (if participant under 18)

Date

**Complete and mail this registration form with checks made payable to Noble Hospital to:
 Noble Hospital 5K, 115 West Silver St., P.O. Box 1634, Westfield, MA 01086-1634**