



5K Course: Flat, out and back

Pre-Entry Fee: \$25 (Includes long-sleeve shirt); \$15 (No shirt)

Pre-Entry Deadline: July 14, 2018

Race Day Fee: \$30 (Does not include shirt)

Race Day Registration/Package Pickup: 6:00 p.m. - 6:45 p.m

Race Begins at: Bellevue High School Track - 200 Oakland Ave., Bellevue



Awards:

No duplication of awards. First place overall female and male & female and male masters (40 and over).

First through third place in each age group, female and male:

10 - 19 20 - 29 30 - 39 40 - 49 50 - 59 60 - 69 70 & over

--- To register: Fill out form below and mail or register online at www.tbhfoundation.com ---

Dr. D. Ross Irons 5K Memorial Run/Walk

NAME: _____ AGE: _____ SEX: M F SHIRT SIZE: S M L XLG

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PAYMENT: Check - Make check payable to The Bellevue Hospital Foundation

Credit Card: Visa MasterCard Discover Acct. #: _____ Exp. Date: _____

CCV (3-digit code on back): _____ Cardholder Name: _____ Signature: _____

MAIL ENTRIES AND FEES TO: The Bellevue Hospital Foundation, 1400 W. Main St., Bellevue, OH 44811

OR: Register online at: www.tbhfoundation.com

RACE QUESTIONS: 419.483.4040, Ext. 4319

In consideration of the acceptance of my entry in the Dr. D. Ross Irons 5K Memorial Run/Walk, I do hereby for myself, my heirs, my executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, against the The Bellevue Hospital and Foundation, all of the sponsors, and any other persons connected with this event, individually or collectively, from all responsibilities for any injury to person or property during this event on July 28, 2018.

SIGNATURE: _____

GUARDIAN SIGNATURE (if under 18): _____

Check here if you are a current employee of The Bellevue Hospital.



Make checks payable to:
TBH Foundation

Mail In Entry & Fee · Register Online @ www.tbhfoundation.com · 419.483.4040, Ext. 4319