STRIDES FOR DIABETES PREVENTION FAIR - 5K Run 3K/5K Walk Sunday, September 21st – Paradise Community Park

TEAM REG	SISTRATION	
Registration free for children 12 and under with option	n to purchase a t-shirt (\$10). Pre-registration required.	
Company or FRH Dept Team	Team Name: (optional):	
Team Contact: Ph./Ei		
Please make all checks payable to: Feather River Health Foundation Mail to - Diabetes Education Program 6009 Pentz Rd., Ste. D; Paradise, CA 95969	Payment method (check or cash only): ☐ Individual ☐ Group	
Registration free for children 12 and under	scount – see discounted prices below: (with participating adult) (T-shirt not included) e option to purchase T-shirt @ \$10/ea	
Name	Name	
☐ I want to RUN (\$20)* ☐ I want to Walk (\$10)	☐ I want to RUN (\$20)* ☐ I want to Walk (\$10)	
□Small □Med □Large □XL □XXL *T-shirt incl.	□Small □Med □Large □XL □XXL *T-shirt incl.	
Name	Name	
□ I want to RUN (\$20)* □ I want to Walk (\$10)	☐ I want to RUN (\$20)* ☐ I want to Walk (\$10)	
□Small □Med □Large □XL □XXL *T-shirt incl.	□Small □Med □Large □XL □XXL *T-shirt incl.	
Name	Name	
☐ I want to RUN (\$20)* ☐ I want to Walk (\$10)	☐ I want to RUN (\$20)* ☐ I want to Walk (\$10)	
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Name	Name	
☐ I want to RUN (\$25)* ☐ I want to Walk (\$10)	☐ I want to RUN (\$20)* ☐ I want to Walk (\$10)	
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Name	Name	
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For registration information contact the Diabetes Education Department at 876-7297 or caroline.carey@ah.org

Adventist Health Feather River Hospital

***	Signature:
Waiver: in consideration of you accepting my entry, I	
intend to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and	
all rights and claims that I may have against the persons	print name:
and organizations associated with the Strides for	Cignoturo
Diabetes: Feather River Hospital, Town of Paradise,	Signature:
County of Butte and other contributing organizations.; and assign for any and all injuries suffered by me while	
traveling to or from or while participating in Strides for	print name:
Diabetes on September 21, 2014. I further attest that I	•
am physically fit and have sufficiently trained for	Signature:
participation in this event. Please sign below.	
	print name:
	print nume.
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