

Spring Into Health – 5K Run
May 14, 2011
Registration Form

Sponsored by Grace Cottage Hospital
Reproduce this form as needed, one per participant.

Name _____ Age _____

Mailing Address _____

City/State/Zip _____

Phone (Day) _____ (Evening) _____

E-Mail _____

Emergency Contact _____

Contact's Phone _____

Registration Fee: \$15 for adults; \$10 for 13 and under.

**Make checks payable to Grace Cottage Foundation
and mail to P.O. Box 1, Townshend, VT 05353, by May 7, 2010
or complete credit card information below:**

Credit Card VISA MC

Card Number _____ - _____ - _____ - _____ **Exp. Date** ___/___

Name of Cardholder (as it appears on the card)

(✓) Check T-shirt size S _____ M _____ L _____ XL _____

T-shirts available for the first 150 who sign up.

Race starts at 8:30 a.m. at Leland & Gray High School Tennis Courts.

More information at www.gracecottage.org