



“Hospice Care Chocolate Chase”

One Mile Walk Registration

When: Saturday, April 10, 2010 at 9:00 AM

Where: Lewisburg, West Virginia

The 2010 Hospice Care One Mile Walk will depart from First National Bank in downtown Lewisburg. Following the walk participants will be treated to healthy breakfast snacks provided by Greenbrier Medical Arts Pharmacy and First National Bank.

Registration: Pre-registration forms must be postmarked by April 2, 2010. Registration will be held on the day of the race from 8:15 AM to 8:45 AM at First National Bank in Lewisburg, WV. Cooperation in arriving early for registration will be appreciated.

Walker fee: \$10.00 for pre-registration (non-refundable), \$10.00 on the day of the race. Please make checks payable to Hospice Care.

Prizes: T-shirts for all participants. Health breakfast snacks for all participants following the walk sponsored by Greenbrier Medical Arts Pharmacy and First National Bank.

Opportunity: All proceeds from this walk benefit Hospice. If you would like to become a sponsor please contact Leslie or Mary Adeline Bicksler. Those donating \$50 or more will receive their name on the back of the official Hospice walk/run t-shirt, one t-shirt and participation in the healthy breakfast snacks following the walk. Sponsorship information must be received by April 2, 2010 to be included on the t-shirt.

Information: Contact Leslie or Mary Adeline Bicksler at WVSOM 304-647-6279 or 304/667-0535. Email: lbicksler@oste.wvsom.edu.



I, the undersigned, hereby enter the above-described one mile walk. In consideration of the acceptance of my entry, I certify that I am physically fit to participate and agree to be bound by all the rules of the event and directions provided by volunteers. I do hereby forever release and discharge the sponsors of the event, all volunteers, Hospice Care and all other officers, agents, employees and directors of said organizations from any and all claims, causes of action or suits in which I, or my heirs or assigns, shall or may have arising from a result of my participation in the said event to be held April 10, 2010. I do further consent to the use of my name and/or photographs in connection with the publicity concerning the race.

Please Print or Type

Last Name: _____ First Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Adult T-shirt size: S M L XL Youth sizes: S M L (Circle One)

_____ Date: _____ EMAIL: _____

Signature of Participant or Guardian if under 18 years of age

Mail entry form & entrance fee to: Leslie Bicksler, WVSOM, 400 N. Lee St., Lewisburg, WV 24901