



# "Hospice Care 10K Chocolate Chase" One-Mile Walk Registration Form

**Have the Whole Family Walk in Support of Hospice!  
Saturday, April 14, 2012 at 9:00 AM**

**Hospice Care is sponsoring a one-mile fun walk to benefit the Greenbrier Valley Hospice.**

Participants should be at First National Bank in Lewisburg between 8:15-8:45 AM for check-in.  
Cooperation in arriving early for registration will be appreciated.

**Registration:** Pre-registration forms must be postmarked by March 30, 2012. Registration will be allowed on the day of the Walk from 8:15 AM to 8:45 AM at the First National Bank in downtown Lewisburg, WV. Shirt size based on availability for those registering day of race.

**Entry Fee:** \$10.00 (non-refundable). Please make checks payable to Hospice Care.

**Prizes:** T-shirts for all participants.

**Information:** The walk will go up Randolph St. to Lee St. into the Lewisburg E.S. parking area, then to Hollowell Park, around the track once and back along Lee St. to Washington Street returning to FNB. Contact Missy VanBuren, HospiceCare 304-645-2700 or [mvanburen@hospicecarewv.org](mailto:mvanburen@hospicecarewv.org)

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 decisions of the official judges. I do hereby forever release and discharge the sponsors of the event, 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 14, 2012. I do further consent to the use of my name and/or photographs in connection with the publicity concerning the race. (Adults sign for self/Adults sign for Minors)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Walker Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_, Female: \_\_\_\_\_ **T-shirt size:** M L XL **Youth sizes:** S M L

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(Circle T-Shirt Size for Each Participant)

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Participant or Guardian if under 18 years of age**

**Signature of Additional Adult Participant**

Mail entry form & \$10 entrance fee for each participant to:  
Missy VanBuren, HospiceCare  
223 Maplewood Ave., Lewisburg, WV 24901

[www.hospicecarewv.org](http://www.hospicecarewv.org) or [www.LewisburgChocolateFestival.com](http://www.LewisburgChocolateFestival.com)