

*9<sup>th</sup> Annual Choctaw Health Center  
2 Mile Run/Walk for Diabetes Awareness*

*Saturday, October 22, 2005  
Starting time 8:00am*

**Deadline September 24, 2005**

**Rain or Shine**

**OFFICIAL ENTRY FORM**

\_\_\_\_\_ \$2.00 Native American                      Name: \_\_\_\_\_

\_\_\_\_\_ \$5.00 Non-Native American                      Tribal Affiliation: \_\_\_\_\_

Gender: \_\_\_\_\_ Male      \_\_\_\_\_ Female                      Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_                      City: \_\_\_\_\_

Day Phone: \_\_\_\_\_                      State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Evening Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

Check T-shirt size:	Adult size	Youth & Child Size
_____ Small	_____ X-Large	_____ X Small (2-4)
_____ Medium	_____ XX Large	_____ Small (6-8)
_____ Large	_____ XXX Large	_____ Medium (10-12)
		_____ Large (14-16)

\*\*\* Please note: Children in strollers will not be eligible to receive a t-shirt.

Waiver: I do hereby for myself, my heir, executors and administrators release and discharge the Choctaw Health Center, Diabetes Management, Dental Department, Nutrition Department, Women's Wellness, MBCI Boys & Girls Club and any volunteers, sponsors, and or any representatives from any and all liability arising from illness and/or physical consequences I may suffer as a result of my participation in this event. I also give permission for the free use of my name and/or pictures in any account if this event. I further attest than my physical condition is adequate to participate in this event.

I understand there will be traffic on the course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian signature (if under 18 years of age)

\_\_\_\_\_  
Date

For more information please contact: **Darlene Willis, 601, 389-6312**

**Make check Payable to: Choctaw Health Center,  
Diabetes Management Center,  
210 Hospital Circle,  
Choctaw, Mississippi 39350-6781**