

“HEALTH TREK” 2009

April 13 - May 24

Registration Form

Please complete this registration form and return with your entry fee of **\$10 per person** - please make checks **payable to "Faith Regional Health Services"**.

Health Resource Center

Faith Regional Health Services

Medical Offices West • 110 N. 29th St., Norfolk

Hours: Monday - Friday • 8:00am – 5:00pm

Phone: 844-8128

Email: mnemec@frhs.org

Fax: 844-8127

- **ALL MONEY IS DUE AT THE TIME THIS FORM IS TURNED IN.**
- **EMAIL ADDRESS (You MUST include your email address to receive weekly updates).**
- **PLEASE PRINT AND SIGN YOUR NAME (required).**
- **INDICATE T-SHIRT SIZE AND SEMINAR ATTENDANCE (Space is limited to the first 120 for each date)!**
- **TEAMS MUST BE 3, 4, or 5 MEMBERS ONLY.**

Registration forms must be received by Friday April 10, 2009

Please Print

TEAM NAME: _____

MAILING ADDRESS: _____

BUSINESS NAME: _____ Department _____

PHONE: _____ FAX _____

Cost of the program is \$10.00 per person.

Please add an additional \$1.50 to your registration fee for sizes 2XL to 3XL.

OVER

Captain's Name (print)	Signature (Required)**	Seminar: Please circle a date/time if you plan to attend the "Sun Safety" seminar: Please note that space is limited - only the first 120 participants for each time will be accepted to attend.
Email Address:	T-Shirt Size (please circle one) (add \$1.50 to registration for sizes 2XL & 3XL) S M L XL 2XL 3XL	5/8/09 from 12:00pm - 1:00pm 5/14/09 from 6:00pm - 7:00pm
Name (print)	Signature (Required)**	Seminar: Please circle a date/time if you plan to attend the "Sun Safety" seminar: Please note that space is limited - only the first 120 participants for each time will be accepted to attend.
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** Your signature indicates that you waive any claims for injuries while you participate in this voluntary program. Faith Regional Health Services and any other sponsors of "Health Trek" are not responsible for any claims, costs and expenses incurred as a result of your participation in this program.