



Third Annual DNA 7 Heart and Sole 5K Run & Walk April 22, 2017 9:00 A.M. Longleaf Trace

District 7 of the Mississippi Nurses Association (DNA 7) is excited to host the Third Annual **Heart and Sole 5K Run & Walk** to benefit **Edwards Street Fellowship Health Clinic**. Edwards Street Fellowship Health Clinic provides high quality medical, dental and pharmaceutical care at no cost to eligible uninsured and underinsured residents of Forrest and Lamar counties in Mississippi. For more information on the clinic, including client eligibility screening days, please visit www.FellowshipClinic.org.

REGISTRATION INFORMATION:

RACE TIMED BY DIVA TIMING, AUDREY JACKSON

Pre-Registration: \$25
 Student & Pine Belt Pacers Pre-Registration: \$20
 Race Day registration: \$30
 T-Shirt Only: \$12 + \$1.50 (2XL/3XL)



RACE DAY DETAILS:

Race Day registration will begin at 8:00 a.m. at the Gateway to the Longleaf Trace.

All participants are guaranteed a t-shirt if postmarked by March 31st.

Awards will be given to Overall Run Male/Female & Overall Walk Male/Female

5K Run Age Group Awards will be given to the top male and female finishers in the following groups:

0-13/14-19/20-29/30-39/40-49/50-59/60-69/70+

Mail registration forms by March 31st to: DNA 7 c/o Shenika Russell, 6 John Hession Rd, Hattiesburg, MS 39401
 OR send to FGH Education Department. Questions can be directed to srussell@forrestgeneral.com

Name: _____ Age: _____ male female

T-shirt size: YXS YS YM YL YXL AS AM AL AXL 2XL 3XL

Address: _____ City: _____ State _____ Zip _____

Phone: _____ email: _____

Participating in (circle one) 5k Run 5K Walk T-Shirt Only

**I agree my participation in this event is without assumption of any kind of responsibility by the sponsors, officials, assistants, or university. I release all of the above from any claim for any injury I may sustain or suffer in connection with this event. I attest that I am physically fit and sufficiently trained for the completion of this event. I will allow my picture and comments to be used in telecast, publications, and related news as a result of this event. (Parent/Guardian must sign for participant under 18 years old.)*

SIGNATURE: _____ DATE: _____

FGH Payroll Deduction (Forrest Health Employees only)

I authorize FGH personnel to charge on my employee badge \$ _____. I understand that this one-time deduction will post against my account until the outstanding balance is paid in full. I also understand that I shall be responsible for the entire balance of the purchase even though my employment with Forrest General Hospital may cease.

Signature _____ ID _____ Date _____