

**GUAM DIABETES ASSOCIATION**  
HELPING EACH OTHER STAY HEALTHY

# 5k Fun Run/ Walk/Wheel for 13<sup>th</sup> ANNUAL DIABETES

DATE: NOV. 20, 2011 ( SUNDAY)                      SHOW TIME: 5:30 A.M.  
 PLACE: HILTON GUAM RESORT & SPA                      RACE START: 6:00 A.M.

**FREE RED T-SHIRTS FOR 1,000 FINISHERS.**  
**RAFFLE PRIZES \* LOTS OF FUN & HEALTHY FOOD**  
**Grand Prize: Two UNITED Airlines**  
*Tickets to CAIRNS*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Male  Female  Phone No. \_\_\_\_\_  
 SCHOOL \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

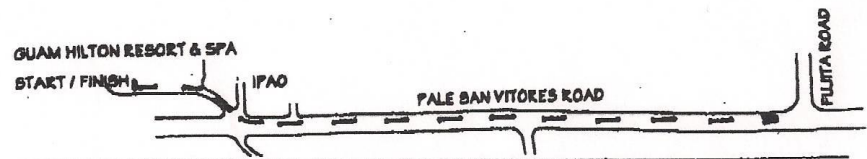
**Awards**  
 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place in Division/  
 Overall Winners  
 \*\*\* MARBLE TROPHIES \*\*\*

**Check your Age Division**  
 13 yrs. & under                      YOUTH  
 14 - 19 yrs                              JUNIOR  
 20 - 29 yrs.                              OPEN  
 30 - 39 yrs.                              SUBMASTER  
 40 - 49 yrs.                              MASTER  
 50 - 59 yrs.                              SENIOR  
 60 - 69 yrs.                              GRANDMASTER  
 70 yrs & older                              MA'NAMKO

Skates, Scooters, Pets & any type of Headphones are PROHIBITED.  
**Place to Register: HORNET SPORTING GOODS IN TAMUNING.**  
 Entry Fee: \$ 7.00                      Family/Group of 5 \$ 20.00 (up to 5)  
 Students: \$ 5.00                      Race Day Registration \$ 10.00  
 Race Information Contact: Ginny Caceres 789-1963                      Winnie Butler 632-1971

**WAIVER:**  
 I understand that participating in this event is a potentially hazardous activity. I assume all the risks associated with my participation, including but not limited to falls, contact with other participants, the effects of the weather, and conditions of the road. By my signature below, I, for myself and anyone entitled to act on my behalf, waive and release the Guam Diabetes Association, Government of Guam, Hornet Sporting Goods and all Other Sponsors, and their representatives and successors of all claims or liabilities of any kind arising out of my participation in this event. I also grant permission to all foregoing, to use my photograph, motion pictures, videos, or any other record of this event for any purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**RECEIPT OF PAYMENT:** Please make all checks payable to Guam Diabetes Association  
 NAME \_\_\_\_\_ RACE # \_\_\_\_\_  
 AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_  
 RECEIVED BY \_\_\_\_\_