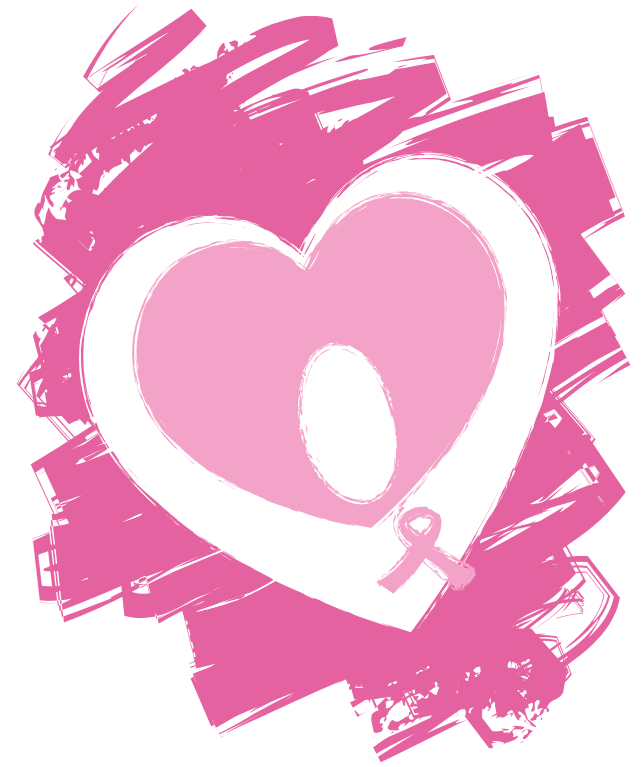


Missy Newell Memorial



5K Run and 1 Mile Fun Walk

*in conjunction with
Hiawatha's Maple Leaf Festival*

October 3, 2009

Hiawatha, KS

Please print and fill out the entry form on the last page of this document. Then mail it with your payment to the Missy Newell Memorial Fund.

Missy Newell, a long-time Hiawatha resident, lost her five year battle with breast cancer at the age of 32 in October of 2001.

She was married to Frank Newell and had a son, Peyton, who is now in eighth grade. Missy believed that reaching out with acts of kindness would bring people closer together. For those of us putting on the run, both family and friends, we hope to continue on Missy's wish to help local people who are battling cancer. Missy believed in hope for a cure and help for all.

The Missy Newell Memorial Fund is used to help local individuals by alleviating costs associated with fighting all types of cancer.

Missy Newell



Peyton crossing the finish line in 2007.



SCHEDULE

- 7 a.m.** Registration at the corner of 6th and Oregon St.
- 8 a.m.** 5K Run/1 Mile Walk begins.
- 9 a.m.** Award ceremony at the intersection of 6th and Oregon
- 9 a.m.** Hiawatha Maple Leaf Festival begins on courthouse square.



QUESTIONS?

Contact Michelle Witham
Cell Phone: (785) 806-6400
Home Phone: (785) 742-2106
Email: witham.m@gmail.com



"Treasure each other in the recognition that we do not know how long we shall have each other."

– Joshua L. Liebman

ENTRY FORM



COMPLETE AND MAIL THIS FORM WITH YOUR CHECK PAYABLE TO

Missy Newell Memorial Fund

707 Hiawatha Avenue
Hiawatha, KS 66434

REGISTRATION FEE

Age 5 and under – FREE

Age 6 and Up – \$20



MARK THE EVENT IN WHICH YOU ARE PARTICIPATING

5K Run 1 Mile Fun Walk

MARK THE AGE RANGE YOU WILL FALL WITHIN ON OCTOBER 3, 2009

6-14 15-25 26-35

36-45 46 & Up

GENDER

Male Female

Donation – I would like to make an additional donation to the Missy Newell Memorial Fund.



LAST YEAR'S WINNERS!

PARTICIPANT'S INFORMATION

Name _____

Address _____

Telephone _____

Email _____

WAIVER – Please Read and Sign

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I hereby assume full responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless the Missy Newell Memorial Fund and any affiliated individuals and all other persons or entities associated with this event from any claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by negligence of the Missy Newell Memorial Fund, or any affiliated individuals, including any of the said parties agents or employees, or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to the Missy Newell Fund to use any photos, videotapes or other recordings of me that are made during the course of the event.

Signature _____ Date _____

PLEASE FEEL FREE TO MAKE COPIES OF THIS FORM FOR ADDITIONAL ENTRIES.