



OCTOBER CLASSIC

Walk, Wheel or Run for Your Life
OJAI VALLEY COMMUNITY HOSPITAL

**SATURDAY, OCTOBER 2, 2010
NORDHOFF HIGH SCHOOL, OJAI**

**5K & 10K Events
Free Kids Relay**

**\$200 Cash Prize for 10K Men
and Women's Overall Winners!**

TIME:

- 7:15 a.m. Registration
- 8:00 a.m. 10K Run/Walk
- 9:00 a.m. 5K Run/Walk
- 9:15 a.m. Walk/Wheelchair
- 9:15 a.m. Kids Relay

FEES:

- 17 and Under \$15 (\$20 after 9/30)
- 18 and Up \$30 (\$35 after 9/30)
- Wheelchair Participants & Kids Relay Free

PHANTOM RUNNER:

For a donation of \$20.00
or more, sleep in and get a T-shirt!

For more information or to register
please call: (805) 640-2317 or visit
www.octoberclassic.org.

**All proceeds benefit Ojai Valley
Community Hospital.**

The Ojai Valley Community Hospital Foundation
is a 501 (c)(3) tax-exempt organization.
Tax I.D. Number 20-1982135

REGISTRATION FORM

Please complete this form and send to:
OVCHF, 1301 Maricopa Highway, Suite A, Ojai, CA 93023

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Additional Participants:

1 _____ 2 _____

3 _____ 4 _____

(Please put corresponding number next to each selection.)

Sex: Male Female

Event: Wheel 5K Run/Walk 10K Run
 Phantom Runner Free Kids Relay (T-Shirt Not Included)

T-Shirt Size: S M L XL

Age: 0-12 13-17 18-29 30-39 40-49 50-59
 60-69 70-79 80-89 90+

Payment Method: Visa MasterCard Check

Card # _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____ Date: _____

Please make checks payable to OVCHF. TOTAL FEE \$ _____

LIABILITY WAIVER (must be signed):

In consideration of your acceptance of my entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages I may have against the City of Ojai and the Ojai Valley Community Hospital Foundation (and any affiliate entity thereof). I have read and understood everything written above.

Entrant Signature: _____

Additional Participants' Signatures:

1 _____ 2 _____

3 _____ 4 _____

Parent/Guardian Signature: _____ Date: _____

YES, I WANT TO JOIN THE MILEAGE CLUB and be eligible for a grand prize. I will ask friends, family and co-workers to sponsor my participation in the October Classic. I look forward to receiving the Mileage Club materials in the mail.