



For Registration Committee use only:

Runner Number: _____

Cash Check:# _____ CC: # _____

Exp Date: _____

Day of Hope 2010

Saturday, November 6th, 6am-10am

Participate Registration/Pledge Envelope

Participant Information – Please Print

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email: _____

Male Female

Age: _____

Adult T-Shirt Size: S M L XL

Keiki T-Shirt Size: S M L

I wish to participate in:

10k Run

Keiki Dash

5K Walk/Fun Run

Centipede Team 5K

Centipede Name: _____

Pledge Form: You can find the pledge form on the back side of this form. A minimum of \$40 per participant collected as pledges are suggested to enter the run. We encourage you to collect as many pledges as possible! Good Luck!

Checks are encouraged! Please ask your donors to make their tax-deductable donation to: Day of Hope 2010.

All donations raised will be equally split between the American Cancer Society of Maui and the Pacific Cancer Foundation.

How to turn in your form(s):

By Mail: Include your fully completed forms and pledge money in the included mailer envelope to:

Day of Hope
c/o Four Seasons Resort Maui
3900 Wailea Alanui
Wailea, Hawaii 96753

In person: Bring your fully completed forms and pledge money to a Pre-registration Event or to the Four Seasons Resort

In consideration of the acceptance of my application and the permission an entrant or competitor in the Day of Hope Run, I, myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge, MSD Capital, Four Seasons Resort Maui at Wailea, For Seasons Regent Hotels & Resorts Limited, Wailea Resort Company Limited, Maui Prince Hotel, selected & appointed officials, successors and assigned of and from all claims, demands, damages, cost, expenses, actions and caused of actions whether in law or in equity in respect of death, injury, loss or damage to my person or my property. However caused, arising form, or to arise by and not withstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid from and against any and all liability connected with this participation in the said event. By submitting this entry, I acknowledge having ready, understood and agree to the above waiver, release & indemnify, I warrant that I an physically fit to participate in this event.

X
Signature of Entrant

Signature of Parent or Guardian-if under 18 years of age

Date

Pledge Form

Date Paid	Donor Name	Home Address/City/State/Zip	Cash/Check
	My Contribution		
Total			\$

*Make Checks Payable to: Day of Hope 2010