



Annual BANK OF GUAM®



# Ifit 5K Run/Walk

REGISTER AT THE  
FOLLOWING LOCATIONS  
All Bank of Guam Branches  
Guam Cancer Care  
Hornet Sporting Goods

## Saturday, March 10, 2012

Showtime: 5:00AM • Start: 6:00AM

Early Registration: \$7.00 • Race Day: \$10.00 • Family of 4: \$20.00

Course begins and ends at the  
Bank of Guam Headquarters Building Parking Lot in Hagåtña

\$1,000.00 each to overall  
top Male & Female Finisher  
AWARDS to the top three  
finishers in each division!  
Free T-Shirts for the first  
1,000 finishers!  
Raffle drawing and lots of  
post-race prizes!

Divisions:	Male	Female	Last Name	First Name
Youth, 13 & under	_____	_____	_____	_____
Junior, 14 - 19	_____	_____	Home Phone	Work Phone
Open, 20 - 29	_____	_____	Mailing Address	
Submaster, 30 - 39	_____	_____	_____	
Master, 40 - 49	_____	_____	_____	
Senior, 50 - 59	_____	_____	School (if student)/Organization (if participating member)	
Grandmaster, 60+	_____	_____	_____	
Manamko, 70+	_____	_____	_____	

**WAIVER:** I have full knowledge of and assume the risks involved in training for and participating in a running event and represent that I am physically fit and sufficiently trained to participate therein. I agree to abide by any decision of a race official relative to my ability to safely complete the run. In consideration of you accepting this entry, I for myself and anyone entitled to action on my behalf, waive and release from any and all claims for injuries/damages I may have against Guam Cancer Care, Bank of Guam®, any sponsor, their representative, officers and successors from all claims/liabilities of any kind arising out of my participation in the event. I hereby attest and verify that my son/daughter or minor of who I am legal guardian, on whose behalf I make this application has my permission to run in the Guam Cancer Care/Bank of Guam® Celebrating 40 Years... Annual Ifit 5K Run/Walk, Saturday, March 10, 2012.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or guardian if entrant is under 18)

Mike Naholowaa at (671) 472-5223



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Payment Received: \_\_\_\_\_

Race Bib No: \_\_\_\_\_ Org. Representative \_\_\_\_\_ Date: \_\_\_\_\_