



PUBLIC HOSPITALS AUTHORITY
20TH ANNIVERSARY CELEBRATIONS

FUN, RUN, WALK

AND MINI HEALTH FAIR

Saturday July 27th, 2019 - 6:00 a.m.

REGISTRATION FORM

Name: _____ Date of Birth: _____

Department/Organization: _____

Telephone: _____ Email: _____

Age Group: Male Female Walker Runner
 Under 15 15 - 29 30 - 49 50+

Children 12 years and under, \$12.00. | Adults \$25.00 | Groups 10 or more \$20.00 each.

T-Shirt Size: () S () M () L () XL () XXL () XXXL

ROUTE: Exit PHA Corp Grounds east onto 3rd Terrace to Collins Ave., Collins Ave North to Shirley Street; Shirley Street west to Elizabeth Avenue; Elizabeth Avenue north to Bay Street; Bay St east to Mackey Street; Mackey Street south to Shirley St., west on Shirley St to Collins Ave; Collins Ave south to 3rd Terrace ; 3rd Terrace west to PHA Corporate Office. (Runners will travel west to Cumberland Street, north to Bay St, over the first bridge, east to the second bridge, over the second bridge to Mackey Street, etc.)

Trophies will be awarded to the top three finishers in each category and the Company/Group with the most participants.

Please read the following statement and sign before submitting your entry form.

I, the undersigned hereby certify that I am in good physical condition and fit to participate in this race. I acknowledge that I am voluntarily competing, and hereby waive any claims that may arise against the organizers and other participants of this event.

Signature: _____ Date: _____

Method of Payment: () Cash () Cheque

Date Received: _____ Race Number Assigned: _____

PACKET COLLECTION: () PHA CORPORATE OFFICE () SRC () PMH

RACE PACKETS COLLECTION: JULY 25TH – 26TH, 2019

From your selected collection site: (PHA Corporate Office, PMH or SRC)

REGISTRATION FORMS CAN BE SUBMITTED AS FOLLOWS:

Fax: (242) 502-3275 / Email: cmcph1@phabahamas.org OR almiller@phabahamas.org



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GROUP REGISTRATION FORM

GROUP LEADER MUST COMPLETE FORM FOR THE ENTIRE GROUP

GROUP TEAM NAME _____ NO. OF PERSONS IN GROUP _____

NAME/TEAM REPRESENTATIVE NAME: _____

ADDRESS: _____

TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____

PARTICIPANT'S NAME	WALKER/ RUNNER	T-SHIRT SIZE	PAID	COMMENTS

Method of Payment: () Cash () Cheque **Please make cheques payable to Public Hospitals Authority*

PACKET COLLECTION: () PHA CORPORATE OFFICE () SANDILANDS REHABILITATION CENTRE

TEAM REP. SIGNATURE: _____

RECEIVED BY: _____

Amount Paid: \$ _____

DATE: _____