

MONDAY, OCTOBER 13, 2008 @ NOON • BOSTON COMMON

REGISTRATION

Also available at www.tuftshealthplan.com/tufts10k.

For Official Use Only

Please Note: Incomplete or unsigned forms will not be accepted. All registration fees are non-refundable.

Last Name, First Name, Middle Initial

Street Address (include apartment number or P.O. Box)

City

State

ZIP

Country (if not U.S.A.) _____ U.S. Citizen Y N Wheelchair Y N Tufts Health Plan Member Y N

Number of years participated in this race, including this year _____ 2008 USATF Number _____

DOB ____/____/____ Age as of Race Day _____ E-mail _____

If you own a ChampionChip and plan on using it at the Tufts Health Plan 10K for Women, please provide the registration number. (If you do not own one, a ChampionChip will be provided for your use during the race.) _____

How did you hear about the race? _____

Do you have a special story about the Tufts Health Plan 10K for Women? Tell us! Mail in your story with this entry form.

I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Tufts Associated Health Plans, Inc., its affiliates and subsidiaries, and their respective officers, directors, and employees, Conventures, Inc. and sponsors, coordinating groups and any individuals associated with the event, their representatives, successors, and assigns, and will hold them harmless for any and all injuries suffered in connection with this event. I attest that I am physically fit to compete in this event. Further, I hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, recordings, my story, or any other record of this event for any legitimate purpose.

Signature _____ Signature of Parent (if under 18) _____

Home Phone _____ Work Phone _____

Method of Payment: \$32: PRE-REGISTRATION \$42: RACE DAY REGISTRATION
(applies on Monday, October 13 only)

Visa MC AMEX Discover Check (Payable to Conventures, Inc.)

Please also include your credit card information, as Race Management will assess a \$35 fee for unreturned timing chips.

Account Number

Expiration: Month Year

Five-Digit Billing ZIP Code

Customer Code (3–4 digit code on your card)

Name and phone number of cardholder, if different from above _____

Signature of cardholder _____

SEND TO: Conventures, Inc., One Design Center Place, Boston, MA 02210. **Mail-in Deadline: Monday, October 6, 2008**