

# MONDAY, OCTOBER 12, 2009 @ NOON • BOSTON COMMON

## REGISTRATION

Also available at [tuftshealthplan.com/tufts10k](http://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 \_\_\_\_\_ 2009 USATF Number (if applicable) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Race Day \_\_\_\_\_ E-mail \_\_\_\_\_

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:  \$34: PRE-REGISTRATION  \$44: RACE DAY REGISTRATION  
(applies on Monday, October 12 only)

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

\_\_\_\_\_  
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 5, 2009**  
**Online Deadline: Sunday, October 11, 2009 at 9:00 a.m.**