

MACKENZIE
8.21.04-12.01.09



DeWitt Take a Breath for PH and Get Moving for MS



Half-Marathon • 10K • 5K • Kids ¹/₄ Mile
Saturday, May 19, 2018 • 8:00 am
DeWitt High School Track



Proceeds from this event will go to benefit
Pulmonary Hypertension Association
in memory of Mackenzie Grubich
and the National Multiple Sclerosis Society
in honor of Steve Rummel



To Register for the Race, Volunteer, or be a Race Sponsor:

Website: www.DeWittRacePHMS.com

Facebook: DeWittRacePHMS • Twitter: @DeWittRacePHMS

Email: DeWittRacePHMS@gmail.com

Call: (517) 281-6197 or (517) 420-3430

Race Cost (Register by May 2, 2018 to guarantee a shirt)

Half-Marathon: \$40 through 1/31 • \$50 through 5/2 • \$60 through 5/16 • \$70 after

10K: \$30 through 1/31 • \$35 through 5/2 • \$40 through 5/16 • \$45 after

5K: \$25 through 1/31 • \$30 through 5/2 • \$35 through 5/16 • \$40 after

Kids ¹/₄ Mile: \$10 with T-Shirt • FREE Without T-Shirt

Couch to 5K*: \$65 through 1/31 • \$70 through 3/15

Couch to 10K*: \$70 through 1/31 • \$75 through 3/15

Any Distance/Any Pace*: \$90 through 1/31 • \$95 through 3/15

*9 week training sessions starting March 17th • Saturdays 9am • Mondays 6pm

Cost includes race registration • Requires a minimum of 5 registered participants

Online Auction

Shop the online auction May 10th—May 14th, 2018 • bit.ly/PHMSAuction

To donate items for the auction, email dewittracephms@gmail.com by May 4, 2018

Direct Monetary Donations

PHA: bit.ly/PHMSDonate

NMSS: bit.ly/MSDonations



Sponsorship Opportunities

Deadline for marketing benefits is May 2, 2018

- Platinum Level Sponsorship—\$1,500 +**
Includes Gold Level Sponsorship plus Company Logo on neck ribbon of participants medals
- Gold Level Sponsorship—\$1,000.00**
Includes Silver Level Sponsorship plus name and logo recognition on sponsor event signage
- Silver Level Sponsorship—\$500.00**
Company logo on T-Shirt and Website
Sponsor information in Race Packet
- Bronze Level Sponsorship—\$250.00**
Company Name on T-Shirt and Website
- Station/Mile Sponsorship—\$100.00**
Post an advertisement at a water station or mile marker station along the course

Company: _____

Contact Person: _____

Email: _____

Phone: _____

Mailing Address: _____

City/State/Zip: _____

Amount: _____

Mail form & payment to: **Melinda Grubich, 11366 Wilson St, DeWitt, MI 48820**
 Make Checks Payable to: **Pulmonary Hypertension Association**

Any Distance/Any Pace

\$90 before 1/31
\$95 through 3/15

Couch to 10K

\$70 before 1/31
\$75 through 3/15

Couch to 5K

\$65 before 1/31
\$70 through 3/15

Race Registration Form

Online Registration available at: www.DeWittRacePHMS.com

Half-Marathon **10K**

\$40 before 1/31 \$30 before 1/31
\$50 through 5/2 \$35 through 5/2
\$60 through 5/16 \$40 through 5/16
\$70 after \$45 after

5K

\$25 before 1/31
\$30 through 5/2
\$35 through 5/16
\$40 after

Kids 1/4 Mile

\$10 with T-shirt
FREE without T-shirt
* Registration Form required

First Name _____ Last Name _____

F M Date of Birth _____ Age on Race Day _____

Email Address _____ Phone Number _____

Street Address _____

City, State, Zip Code _____

Emergency Contact Name _____

Emergency Contact Phone Number _____ Relationship _____

Shirt Size (Circle): NO SHIRT (donate proceeds to charity)
 YOUTH: YS YM YL
 WOMEN: XS S M L XL 2XL
 MEN: S M L XL 2XL

Waiver: I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while traveling to or from the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and condition of the road. I for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

By agreeing, you acknowledge that you have both read and understood the text presented to you as part of the registration process. You also understand and agree that events carry certain inherent dangers and risks which may or may not be readily foreseeable, including without limitation personal injury, property damage or death. Your ability to participate in the event(s) is/are subject to your agreement to the waiver and by agreeing herein, you accept and agree to the terms of the waiver and release agreement.

Participant's Signature (Parent/Guardian's if under 18) _____

Registration Fee: \$ _____ + Additional Tax Deductible Donation: \$ _____ = Total Amount: \$ _____