

# Step Out For Hospice

3-mile Health Walk  
5-mile Road Race  
1-mile Fun Run

is presented by:



Irish American Club of Woburn



**VNA Hospice Care**

VISITING NURSE ASSOCIATION  
OF BOSTON & AFFILIATES

Woburn Friends of VNA Hospice Care



Shamrock Running Club



Woburn Friends of VNA Hospice Care has raised funds for VNA Hospice Care over the past twelve years to help provide end-of-life services to patients and their families in Woburn and the surrounding communities.

VNA Hospice Care, (formerly Hospice Care, Inc.) is a non-profit, Woburn based organization that provides care, comfort and compassion to patients and families facing life-limiting illness and loss-regardless of their ability to pay. For more information about hospice programs, please visit our website at: [www.hospicecarema.org](http://www.hospicecarema.org).



VNA Hospice Care

100 Sylvan Road • Woburn, MA 01801  
Phone: 781-569-2888 • Fax: 781-569-2877

Woburn Friends of VNA Hospice Care  
Irish American Club of Woburn  
Shamrock Running Club

PRESENT

# Step Out For Hospice



Sunday, October 4, 2009

12th Annual 3-mile Health Walk  
29th Annual Irish-American Club  
5-mile Road Race  
1-mile Fun Run



## Entry Fees

**1-Mile Fun Run (11:30 A.M.)** \$5  
Shirt, prizes, ribbon and refreshments.  
Ages 13 and under.

**3-Mile Walk (noon)** \$20  
Hospice sweatshirt (guaranteed for entries received by September 25th) and post race/walk amenities.

**5-Mile Road Race (12:30 P.M.)** \$20  
Hospice sweatshirt (guaranteed for entries received by September 26th) and post race/walk amenities.

### Mail registration forms and fees until September 28th to:

Woburn Friends of VNA Hospice Care  
P.O. Box 114  
Woburn, MA 01801

Register on-line at [www.hospicecarema.org/events](http://www.hospicecarema.org/events) until September 30th\*  
\*\$3.00 additional processing fee.

Register on the day of event beginning at 10:00 a.m. at the  
**Irish American Club of Woburn**  
147 Main Street (next to Walgreens)  
Woburn, Massachusetts

For a printable application and for more information go to [www.hospicecarema.org](http://www.hospicecarema.org) or call the Step Out for Hospice Hotline: (781) 933-1945

## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

### Event (circle one)

1-Mile Fun Run (\$5)      3-Mile Walk (\$20)      5-Mile Run (\$20)

### Sweatshirt Size (circle one)

Small    Medium    Large    X-Large    XX-Large

Gender (circle one)    Male                  Female

### Age Group for 5-mile race (circle one)

19 & under    20-29    30-39    40-49    50-59    60-69  
Clydesdale M 190+    Filly F 140+    Wheelchair

Mail registration forms and fees to:  
Woburn Friends of VNA Hospice Care  
Attn: Walk/Run Registration  
P.O. Box 114, Woburn, MA 01801

Disclaimer: In consideration of accepting this entry, I, the undersigned, indenting to be legally bound, hereby for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims for losses against the sponsors of this race and/or officials of said event, Irish American Club of Woburn, Inc., City of Woburn, Town of Winchester, Hospice Care Inc., Town and State Police, Fire Department and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of the event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or other records of the event for any purpose whatsoever.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Parent or Guardian if under 18 years old

Can't Walk?  
Can't Run?  
You can still help!  
Send a donation today!

## Donations and Memorial Donations

A \$25 or more separate donation to STEP OUT FOR HOSPICE will list a relative or friend as a memorial listing in the Daily Times Chronicle.

PLEASE PRINT CLEARLY:

In Memory Of: \_\_\_\_\_

From: (as you want it to appear in the listing) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(For inquiries regarding memorial donations)

Donation Amount Enclosed: \$ \_\_\_\_\_  
(Checks payable to Woburn Friends of VNA Hospice Care)

Please mail donation to:  
Woburn Friends of VNA Hospice Care  
Attn: Memorial Listing  
P.O. Box 114, Woburn, MA 01801

Thank you for your donation. Your donation is tax-deductible to the extent of the law.

\*Registration fee(s) for walk/run are additional