



Take that first step.

KICK THE HABIT

First Ever Advocacy Run to Quit Smoking

November 14, 2010

Newport, Pasay City

REGISTRATION FORM

Family _____ 3K _____ S _____ XL _____
 Buddy _____ 5K _____ M _____ L _____
 Regular _____ Date: _____ L _____

Singlet Size Quantity
 Photo Booth
 Yes # of copies _____

For Official Use Only

Bib Number

Full Name		Nickname	
Birthdate		Age	
Address			
Phone Number		Mobile Number	
Email Address			
Company/School/Organization			
Person to contact in case of emergency		Phone Number	

Full Name		Nickname	
Birthdate		Age	
Address			
Phone Number		Mobile Number	
Email Address			
Company/School/Organization			
Person to contact in case of emergency		Phone Number	

Full Name		Nickname	
Birthdate		Age	
Address			
Phone Number		Mobile Number	
Email Address			
Company/School/Organization			
Person to contact in case of emergency		Phone Number	

Full Name		Nickname	
Birthdate		Age	
Address			
Phone Number		Mobile Number	
Email Address			
Company/School/Organization			
Person to contact in case of emergency		Phone Number	

WAIVER / RELEASE FORM

In consideration of my entry, I, my heirs, executors and administrators, release and forever discharge the Organizers, its officers, staff, sponsors, servants, agents and subcontractors, instrumentalities, all voluntary community groups, and all organizations assisting this event, producers, their agents and representatives, of all liabilities, claims, damages or costs, which I may have against them arising out of, or in way connected with my participation in this event. I understand this waiver includes claims based on negligence, action or inaction of any above parties. I fully recognize the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself a life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.

I agree that in the event of race cancellation due to storm, rain, inclement weather, wind or any unforeseeable, or "act of God" conditions, my entry fee shall be nonrefundable.

I have carefully read this entry form and agree to abide by all rules and directions of all race officials on the day of the race.

Participant's Signature over Printed Name

Guardian's Signature over Printed Name
(For Participants below 18 years old)

Registration Fees:

Regular Run 3k/5k Php 300
 Buddy Run 3k/5k Php 600
 (2 persons)
 Family Run 3k/5k Php 1,000
 (4 members)

PAYMENT

Step 1 Deposit your payment to either of the following bank accounts.

Security Bank
 Account Name: BLUE MAGNET MARKETING SOLUTIONS INC.
 Current Account #: 0513-039126-001

Bank of Commerce
 Account Name: BLUE MAGNET MARKETING SOLUTIONS INC.
 Current Account #: 018-20-002724-4

Step 2 Fax your deposit slip and registration form to Telefax number 477-23-94 and confirm if these have been received.

For more questions and other inquiries, you may contact:
BLUE MAGNET MARKETING SOLUTIONS INC.
 Tel. # 477-23-94 or 576-17-81
LOOK FOR MS. EM-AR.

ACKNOWLEDGEMENT RECEIPT

Date _____, 2010

Received from _____ Amount Paid: Php _____
 (Name of Participant)

Registration fee received by _____
 Signature over printed name (Store Personnel)

Store name / Branch: _____

KICK THE HABIT FUN RUN PHOTO BOOTH

I WANT TO AVAIL OF THE PHOTO BOOTH

- 1 PHOTO PLUS 1X4R PRINT P50
- 2 PHOTOS PLUS 2X4R PRINTS P100
- 3 PHOTOS PLUS 3X4R PRINTS P125

PLEASE PRESENT THIS STUB DURING THE EVENT. STRICTLY NO STUB NO PHOTO FOR BOOTH INQUIRIES, CONTACT 8993226, 09193453446 OR EMAIL ONESPORTFILIPINAS@GMAIL.COM
PROFESSIONAL ON-SITE PHOTO STUDIO BOOTH POWERED BY ONESPORT MAGAZINE

