

# ENTRY FORM

## Half Marathon Registration Form Only

Entire form, printed neatly, must be completed.

**MARATHON DATE: Saturday, January 30, 2010**

NAME (FIRST) \_\_\_\_\_ (MIDDLE INITIAL) \_\_\_\_\_ (LAST) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ PHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_  
 MALE  FEMALE Age on race day \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-MAIL \_\_\_\_\_

### Half Marathon

Please Complete

#### Division

Men	Women
<input type="checkbox"/> 13-17	<input type="checkbox"/>
<input type="checkbox"/> 18-24	<input type="checkbox"/>
<input type="checkbox"/> 25-34	<input type="checkbox"/>
<input type="checkbox"/> 35-49	<input type="checkbox"/>
<input type="checkbox"/> 50 and over	<input type="checkbox"/>

### Guidelines for 1/2 Marathon

**PLEASE READ INSERT FOR RULES AND CONDITIONS  
FOR THE DAY OF EVENT.**

Must be 13 or older on or before January 30, 2010

Distance for 1/2 marathon is 13.1 Miles

All T-shirts will be picked up at the finish line.

### Waiver: Must Be Signed

The signature certifies that my son/daughter has my permission to participate in the 1/2 Marathon. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (paragraph above signature) and by signing below intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and is able to safely participate in the 1/2 Marathon. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature of Athlete

Date

Signature of Parent if under 18 years of age

Date

**DEADLINE TO REGISTER  
JANUARY 22, 2010**

**Additional questions or concerns you may call  
HOPP 520.383.6240 Fax 520.383.1091**



# ENTRY FORM

## 3 Person Co-Ed Relay Registration Form Only

**Entire form, printed neatly, must be completed.**

First Leg (4 miles) NAME _____	_____	Please circle one: MALE	FEMALE
ADDRESS _____	_____	PHONE # _____	_____
Second Leg (4 miles) NAME _____	_____	Please circle one: MALE	FEMALE
ADDRESS _____	_____	PHONE # _____	_____
Third Leg (5.1 mile) NAME _____	_____	Please circle one: MALE	FEMALE
ADDRESS _____	_____	PHONE # _____	_____
<b>TEAM NAME OR ORGANIZATION:</b>	<b>TEAM CAPTAIN:</b>		

### Waiver: Must Be Signed

The signature certifies that my son/daughter has my permission to participate in the 3 Person Relay. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (paragraph above signature) and by signing below intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and is able to safely participate in the 3 Person Relay. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

**PLEASE READ INSERT FOR TEAM RULES & CONDITIONS**  
All T-Shirts will be picked up at the finish line.

**DEADLINE TO REGISTER**  
**JANUARY 22, 2010**

Signature of Athlete (1st Leg) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Athlete (3rd Leg) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent if under 18 years of age \_\_\_\_\_

Date \_\_\_\_\_

Signature of Athlete (2nd Leg) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

**Additional questions or concerns you may call**  
**HOPP 520.383.6240 Fax 520.383.1091**



Welcome to the  
2010 TOHONO O'ODHAM NATION  
Healthy O'odham Promotion Program  
HALF MARATHON & 3 PERSON CO-ED RELAY

**½ MARATHON & RELAY LOGISTICS**

**Deadline to register** – will be **January 22, 2010**, All post-marked must be received by **January 22, 2009**. Please note that there will be **NO LAST MINUTE/OR ON SIGHT REGISTRATION.**

**PACKET PICKUP**- Packet Pickup will take place the week of January 25<sup>th</sup> through January 29<sup>th</sup> from 8:00am to 5:00pm at the Tohono O'odham Department of Health and Human Services Complex, Healthy O'odham Promotion Program Center (located on Hwy 86 just ½ mile east of the Sells Shell Store) For those arriving in the area later than 5:00pm on Friday January 29<sup>th</sup>, or arriving the morning of the event, packet pick up will be available at Sells Recreation Center from 4:00pm to 7:00pm the **night before** the event, and the **morning of the event** from 5:00am to 5:30am at the Cultural Center and Museum. (Please plan on arriving early).

**Relay Team Captain can pick up the packets for the entire team.**

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**1<sup>ST</sup> Relay Runner & ½ Marathon Runners:**

**\*5:30am** - departure time (please give yourself time to park; arrive by 5:15am. Also if you have not done so, packet pick-up from 5:00am to 5:30am)

**2<sup>nd</sup> Relay Runner:**

**\*6:15am** - departure time

**3<sup>rd</sup> Relay Runner:**

**\*7:15am** - departure time, and LAST shuttle running.

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**EVENT START TIME: 7:00am (1/2 Marathon & 3 Person Relay)**  
**7:00am (Fun Run/Walk at Cultural Museum)**

**Clothing Drop Off & Pick Up**

Designated vehicles will transport clothing from each runner's starting point to the next Relay Exchange (Finish line area if you are the 3<sup>rd</sup> runner). Please use your Packet Bag to store your warm-up clothing, etc. These bags will have your name and bib number on them for easy retrieval. (Note: if you are using your own bag-please label it with your name (last, first) event and bib #.)

**Water Stations** will be available every 2 miles along the course, and every mile after the 6-mile point. Fruit will be available at the Finish Line.

**Spectators are encouraged to watch and support all runners** the last 1/2 mile of the race on Baboquivari Park Road and at the finish line. Spectator vehicles need to park off the roadside shoulder to avoid blocking the path of runners.

**Lodging** If you plan to arrive the night before the event, accommodations will be available the Cultural Center and Museum, you will need to provide your own bedding equipment. A shower and restrooms will be available; again last minute packet pickup will be from 5:00am to 5:30am. **Please sign in by 8:00pm Friday January 29, 2010.**

**Pre – Race Dinner** Carb-up at the pre-race pasta dinner. Have fun and meet your fellow runners!

**Date: Friday, January 29, 2010.**

**Time: From 4:00pm to 7:00pm**

**Where: Sells Recreation Center**

We hope you enjoy this exciting event and hope to see you next year. For further information you may call the Healthy O'odham Promotion Program at (520)383-6240.

This event is part of the Diabetes Prevention Program and is a free event.

Brought to you by: Tohono O'odham Department of Health and Human Services -  
Division of Health Promotion/ Healthy O'odham Promotion Program.

**2010 Tohono O'odham Nation  
Healthy O'odham Promotion Program  
Half Marathon Runners**

**Individual Half Marathon Rules  
(Start Time: 7:00A.M.)**

- **You** must be 13 or older on or before January 30<sup>th</sup> 2010. Must read the Release and Liability Agreement and provide signature. – If under the age of 18 years old, parent/guardian must also sign to release permission to participate.
- **Awards will be given** to the Male and Female Overall Winner. Top Division Winners Male and Female, 13-17. 18-24. 25-34. 35-49. & 50-and over.
- **Participants MUST use Shuttle transportation to the starting point.** NO one will be allowed to drive his or her own vehicle to the starting point. Attempting to do so will lead to disqualification. Parking will be available at the Cultural Museum and you will be transported to the starting point.
- **All Runners (Half Marathon & Relay Runners) must meet at the Cultural Center & Museum.** Over night stay is available at the Cultural Center and Museum the night prior to event.
- **Please Plan on arriving early as all runners will be transported to the starting line.**
  
- **ALL RUNNERS ARE REQUIRED TO WEAR THEIR ISSUED BIB NUMBER, NO REPLACEMENT BIBS WILL BE ISSUED OUT – THIS IS A SAFETY ISSUED BIB IF ANY ACCIDENT WOULD OCCUR. ALSO YOU WILL NOT BE ABLE TO COMPETE FOR AWARDS.**
  
- **Registration by mail** must be post marked by **January 22, 2010.**
- **Deadline to Register is January 22, 2010**

– THERE WILL BE **NO** LAST-MINUTE ON SIGHT REGISTRATIONS.

**NO CHANGES WILL BE ACCEPTED AFTER JANUARY 22, 2010.**

**THERE IS NO FEE FOR THIS EVENT**

**2010 Tohono O'odham Nation  
Healthy O'odham Promotion Program  
3-Person Co-Ed Relay**

**Relay Team Rules**  
**(START TIME IS: 7:00A.M.)**

- **Relay teams MUST have 3 runners** and be co-ed (2-male and 1-female or 2-female and 1-male) to be eligible for awards.
- **There will be NO age restrictions**, each team member must read the Release and Liability Agreement and provide their signature. – If under the age of 18 years old, parent/guardian must also sign to release permission to participate.
- **Relay Awards will be given to the First 3 teams**, Overall Team Finishers, 2<sup>nd</sup> and 3<sup>rd</sup> place.
- **Participants MUST use Shuttle transportation to the starting point.** NO one will be allowed to drive their own vehicle to the starting point, teams attempting to do so will be disqualified.
- **ALL RUNNERS (1/2 Marathon & Relay Runners) must meet at the Cultural Center & Museum.** Over night stay is available at the Cultural Center and Museum the night prior to event.
- **Please plan on arriving early**, as each leg of the relay event will be transported to their relay starting point.
- **Each team will be issued a race bib number** and 1 baton (that only the team captain will be given for the team).
  
- **ALL RUNNERS ARE REQUIRED TO WEAR THEIR ISSUED BIB NUMBER, NO REPLACEMENT BIBS WILL BE ISSUED OUT – THIS IS A SAFETY ISSUED BIB IF ANY ACCIDENT WOULD OCCUR. ALSO YOUR TEAM WILL NOT BE ABLE TO COMPETE FOR AWARDS.**
  
- **Each runner can only run on 1 team** and 1 leg of the relay event.
- **Relay Captain MUST** be one of the runners.
- **The first 2 leg distances** are 4 miles each, and the final leg is 5.1 miles.
- **Registration by mail must be post marked by January 22, 2010.**
- **Deadline to Register is January 22, 2010.**

**~ THERE WILL BE NO LAST-MINUTE ON SIGHT REGISTRATIONS ~**

**\* TEAM MEMBER CHANGES can only be made through an:**

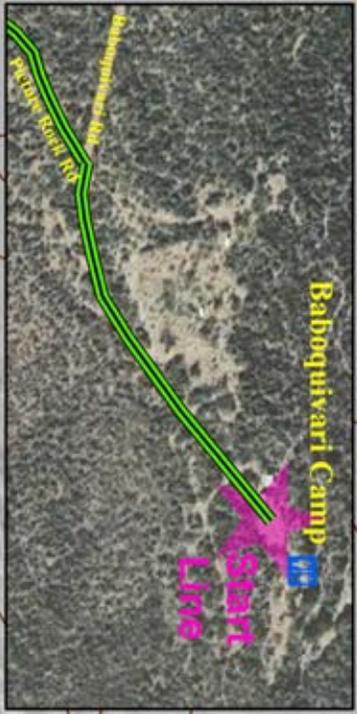
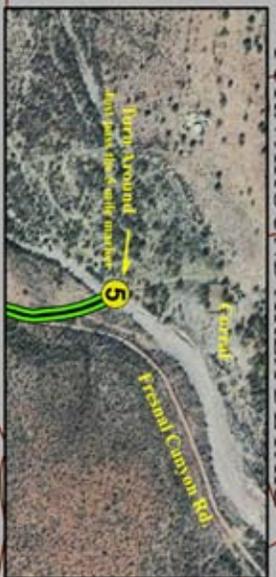
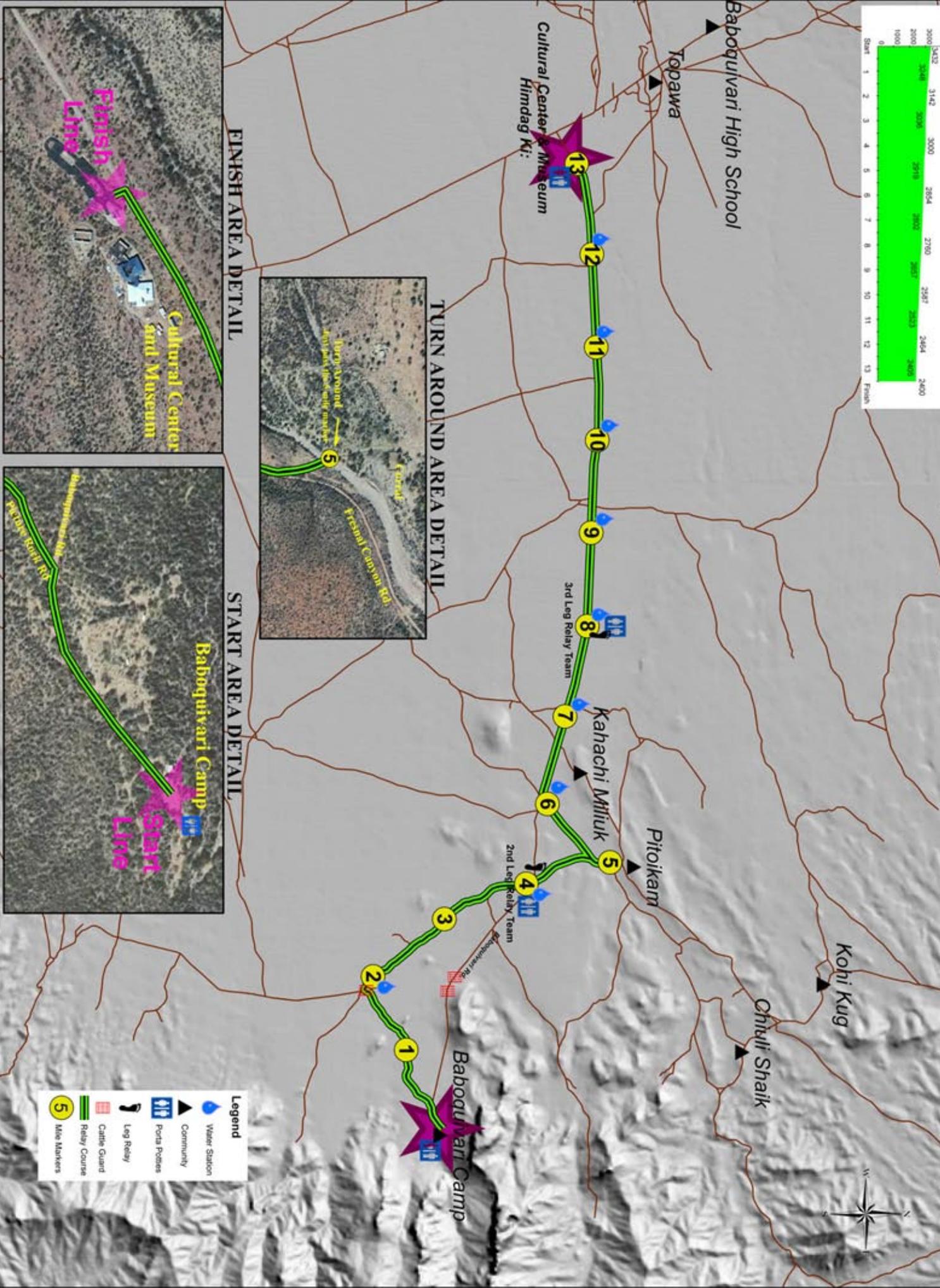
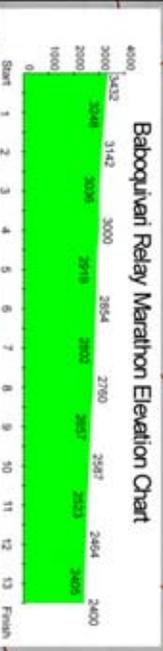
**~ ADDENDUM REGISTRATION FORM ~**

- **New team member** must complete the addendum registration form, and submitted by January 22: 2010, (please indicate team name, who you will be replacing, and what leg you will be running in).

**NO CHANGES WILL BE ACCEPTED AFTER January 22, 2010**



# Baboquivari 1/2 Marathon 2010



- Legend**
- Water Station
  - Community
  - Porta Potties
  - Leg Relay
  - Cattle Guard
  - Relay Course
  - Mile Markers



# Downtown Sells, Arizona

