



Macey Whittaker.



Organized by PCH Auxiliary



Macey with her parents Emilie and Garret.

Beautiful little Macey Whittaker was born May 19, 2010 at The Women's Center at Princeton Community Hospital. Three months later she was a tragic victim of Sudden Infant Death Syndrome (SIDS). To honor Macey's memory and to celebrate the lives of all children who were lost to SIDS and other infant deaths, Macey's parents Emilie and Garret Whittaker, along with the PCH Auxiliary proudly announce the *Annual Macey Whittaker SIDS Awareness 5K Walk/Run*.

Please join us Saturday, April 6, 2019 as we celebrate the life of little Macey Whittaker.

Proceeds from the event will be used to purchase safe sleep sacks for all babies born at The Women's Center, and to fund related projects. The sleep sacks will be presented to all newborns upon discharge.

Walkers as well as runners of all ages are welcome and encouraged to participate. Start line: Princeton Community Hospital (far end of main parking lot). Course: 3.1 miles of mostly rolling hills through Princeton City Park.

On-site Registration: 7:30 a.m., April 6, 2019 • Race begins at 8:30 a.m.

Fees for the 5K Walk/Run: Early \$15.00 (fee must be received by 4:00 p.m. on Monday, April 1, 2019). Regular registration - \$20.00

Awards: 5K Run – Male and Female overall winners, as well as three awards each in the following categories:

Female: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, and 70 and over.

Male: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, and 70 and over.

Note: Each participant is eligible for only one award. T-Shirts are guaranteed for all who pre-register. Refreshments will be provided after the race. For special accommodations, please contact Melissa Ellison by e-mail: melissa.ellison@pchonline.org

REGISTRATION FORM

- Please make checks payable to *PCH Auxiliary*. Additional donations are welcomed.*
- For additional questions or concerns, please call 304-487-7507.
- **Clip this registration form and mail to: Macey Whittaker 5K, Princeton Community Hospital, P.O. Box 1369, Princeton, WV 24740**
Or register online at www.tristateracer.com

Name: _____ Age on Race Day: _____

Address: _____ E-mail Address: _____

City, State, Zip: _____ Phone: _____

Entering (Check appropriate)

5K Competitive (time recorded) 5K Non-Competitive (time NOT recorded)

* I am enclosing an additional contribution of \$ _____

Purchase T-Shirt Only (\$10)

Sex: (Circle one) M F

Adult Shirt Size: (Circle one) S M L XL XXL

Youth Shirt Size: (Circle one) S M L

Toddler: (Circle one) 2T 3T 4T

RELEASE: I wave any and all claims for myself, my heirs, and executors against Princeton Community Hospital, the town of Princeton, WV, and the sponsors of this race for any illness or injury which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate in this event.

Date: _____ Signature: _____

Parent's signature if participant is under 18: _____