

Straub/Kapi'olani Women's 10K

31st Annual - Hawaii's Premiere Women's Race



For 31 years, women of all ages have come together in a celebration of friendship and good health at the Straub/Kapi'olani Women's 10K. Elite runners, serious runners, race walkers, beginners and recreational walkers participate in this race. Mothers and daughters, students, the military, and visitors have made the Straub/Kapi'olani Women's 10K a tradition.



DATE/START: SUNDAY, MARCH 2, 2008, 7 A.M.

COURSE: 6.2 mile race begins at Kapi'olani Park, goes through Diamond-Head and Kahala and back to the park for an awards ceremony at about 8:15 a.m.

Entry fee:

- *\$20 early entry fee if received by January 31
- *\$20 for Straub/Kapiolani/Wilcox employees
- *Group discounts: \$20 for groups of 10+.
- Must be received together by February 22
- *\$30 if received by February 22.
- *\$35 thereafter mail-ins accepted until February 28 at 4 p.m.
- *\$40 on packet pick-up day and on race day morning starting at 6 a.m.

Make checks payable to: Straub/Kapi'olani Women's 10K - Mail payment and application below to: Straub Clinic & Hospital - 888 S. King Street - Honolulu, Hawaii, 96813.

Divisions/Awards: To be presented to top three in the following divisions: Elite, Stroller, School Challenge, Corporate Challenge, Hawaii Pacific Health Employees and Age:5-year groups - starting from 14 and under to 80 and over. Awards to be presented to age groups with five or more entrants.

Drawings: Finishers are eligible for prizes on race day. Must be present to win.

Deadline: All mail-in entries must be received by February 28. Late registration fee is \$40 at packet pick up and on race day starting at 6 a.m. **NO REFUNDS.**

Packet Pick Up Dates:

Friday, February 29 from 6 p.m. to 9 p.m. at Straub Cafe 888 S. King St.

Saturday, March 1 from 10 a.m. to 3 p.m. /NIKETOWN, 2080 Kalakaua Ave. Honolulu, HI 96815 / **PARKING IS FREE!**

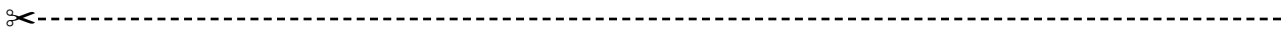
Or, on race day morning at Kapiolani Bandstand from 6 a.m. - 6:45 a.m.

Training Clinic: **FREE** Running Clinic at Niketown every Wednesday with the Niketown running club. Call 943-6543.

Or join Tryfitness - an all female training group, "We put fun in fitness" visit www.tryfitness.com.

Register online: REGISTER ON-LINE at Active.com or print a mail in form from, www.straubhealth.org or www.kapiolani.org. For more information call 524-6755.

Partial proceeds go to the Kapi'olani Children's Miracle Network



Age on race day _____ Last name _____ First name _____

Street address _____ City _____ State _____ Zip Code _____ Occupation _____

School Name for School Challenge or Company Name for Corporate Challenge _____

Phone _____ E-Mail _____ Date of birth _____ T-shirt Size (circle one): S M L XL

Please mark the division you are participating in (only mark one). Not marking or marking more than one box, will register you as "Age Division".

Age Division Elite Stroller Corporate Challenge School Challenge Hawaii Pacific Health Employee Challenge

Have you done all 30 races? Yes No How many years have you participated in the Straub 10K? _____

Waiver and Release Statement: I agree to comply with the rules, regulations and event instructions of the Straub/Kapi'olani Hawaii Women's 10K. I am aware of and assume all risks associated with running this event, including, but not limited to, falls, contact with other participants, weather (heat and humidity), traffic and road conditions. In consideration for acceptance of this entry, I, for myself and anyone entitled to act on my behalf, waive and release Straub Clinic & Hospital and its affiliates, City and County of Honolulu, State of Hawaii, the sponsors, agents, volunteers and representatives of this event from any and all injuries suffered by me in this event, including pre-and post-race activities. I attest that I am physically fit for participation and consent to receive medical attention, if necessary, during this event. I give permission for free use of my name, voice or photo in any broadcast, telecast, advertisement or promotion of this event.

Signature / Signature of parent or guardian if under age 18 _____ Date _____