

The Medical Center 10K Classic 10K Corporate Challenge

Count us in for the 10K Corporate Challenge!

No, we are unable participate this year.

Company _____

Coordinator _____ Shirt Size _____ E-mail _____

Asst. Coordinator _____ Shirt Size _____ E-mail _____

Company Address _____

City _____ State _____ Zip _____ Phone _____

***For spearheading your company's participation, all coordinators and assistant coordinators will each receive a t-shirt.

We are interested in promoting The Medical Center 10K Classic:

Enclose a race brochure in each employee's paycheck. # Needed _____

Purchase an ad in the race magazine or post-race results section of the Daily News.

Place posters in the store window and/or employee lounge. Please send _____ posters.

Place race brochures on counter tops for public participation. Please send _____ holders.

(Each holder contains 50 brochures. Refills are available.)

Please mail/fax this form by August 24, 2007.

The Medical Center 10K Classic P. O. Box 1175 Bowling Green, KY 42102

Fax: (270) 796-6546 or (800) 995-5735