

Walk a mile with a smile!

Celebrate National Employee Health & Fitness Day

fit
Fest
2006

Wednesday, May 17th
4:00 - 6:00 pm

**Kishwaukee Community Hospital
Employee Parking Lot**

Rain Location: YMCA Sports Center

Bring the family and join us in a 1 mile walk!

All participants will be eligible to win raffle prizes.

Registration (see reverse side for details)

\$5.00 by May 3rd

\$7.00 after May 3rd

FREE SHIRT for all participants!

- Nutritious Snacks
- Raffle Prizes
- Kishwaukee Family YMCA
Open House 5:00 am - 10:00 pm
- Traveling Trophies
- Wellness Screenings
provided by DeKalb County Health
Department, Unlimited Performance
and the YMCA.

*Annual wellness event
for the entire family!*

Presented by:

Kishwaukee Family



Sponsored by:

- ~ American National Bank of DeKalb County
- ~ B-95 WDKB-FM
- ~ Castle Bank
- ~ Daily Chronicle
- ~ Midwest Refinishing
- ~ National Bank & Trust Co. of Sycamore
- ~ Oak Crest Retirement Center
- ~ Resource Bank N.A.

Walk a mile with a smile!

Wednesday, May, 17th

4:00 - 6:00 pm



Kishwaukee Community Hospital Employee Parking Lot

Rain Location: YMCA Sports Center

The noncompetitive **1 mile walk** has been scheduled over a two-hour time span in the afternoon to allow participants to take a leisurely stroll - or set a brisk pace.

For those who want to take a longer walk, consecutive laps are encouraged!

This is a wellness event for the entire family. Strollers are welcome.

Registration Fees

\$5.00 by May 3rd

\$7.00 after May 3rd

Registration is also open from 3:30 - 5:30 pm on Walk Day. Sorry, but no refunds will be made.

FREE T-Shirt

Nutritious Snacks

Raffle Prizes

Traveling Trophies

Wellness Screenings
provided by DeKalb County
Health Department, Unlimited
Performance and the YMCA.

Kishwaukee
Family YMCA
Open House

5:00 am - 10:00 pm

Official Entry **Deadline May 3rd**

(Photocopies are welcome!)

___ Pre-registration \$5.00

___ Late registration \$7.00

Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

Birthdate _____

Department _____

Adult Sizes: (PLEASE CIRCLE) Sm Med Lg XL
2X 3X 4X

Children Sizes: Sm Med Lg

Complete the entry form, sign the waiver, and send with registration fee (checks payable to Kishwaukee Family YMCA) to:

Kishwaukee Family YMCA • Fit Fest 2006
P.O. Box 466
2500 W. Bethany Rd., DeKalb, IL 60115

Waiver of Liability

I hereby release walk sponsors, Kishwaukee Family YMCA and Kishwaukee Community Hospital, Oak Crest Retirement Center, all volunteers and all other persons in any way connected with the walk, of all liability incurred as a result of my walking in Fit Fest 2006 or using any of the facilities provided for participants before, during or after the race.

Walker's signature _____

Parent or guardian's signature if
walker is under 18 years of age _____

Date _____

FOR OFFICE USE ONLY:

Received by _____ Date _____

Received shirt _____

Register online at www.kishymca.org • For more information call 815.756.9577.