





Republic of the Philippines
DEPARTMENT OF EDUCATION
Cordillera Administrative Region
DIVISION OF BAGUIO CITY
Upper Session Road, Military Cut-Off, Baguio City
Tel. No.: (074) 442-7819



DIVISION MEMORANDUM

No. 23 s. 2013

To : All Division Promotional Staff;
Public Schools District Supervisors;
Public Elementary and Secondary School Heads;
Teachers;
Students; and
All Others Concerned

From :  ESTELA LEON - CARIÑO
Schools Division Superintendent 

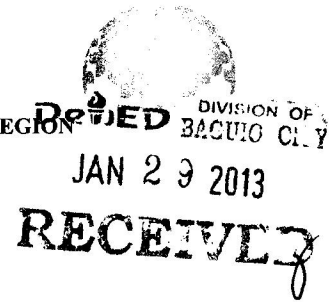
Subject : PHILHEALTH RUN FOR HEALTH AND HOPE

Date : 06 February 2013

01. This is to inform the field that the Philippine Health Insurance Corporation (PHIC) is organizing a national historic national run on **FEBRUARY 17, 2013** (Sunday) dubbed as the "PhilHealth Run for Health and Hope" in connection with their celebration of the PhilHealth's 18th year.
02. Attached is the letter from ELVIRA C. VER, Regional Vice President, PHIC – CAR, inviting interested runners from the DepEd – Division of Baguio City to join the above – mentioned activity. Also attached are the registration form and other details for guidance.
03. Widest dissemination of this Memorandum is desired.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE – CORDILLERA ADMINISTRATIVE REGION
4th Flr., SSS Building, Harrison Rd., Baguio City
Tel. No. (074)444-8361 T/F 444-5345
www.philhealth.gov.ph



January 29, 2013

EESTELA LEON CARIÑO

School Supt.
Baguio City Division
Mil. Cut-Off, Baguio City

Dear Ms. Cariño:

Warm greetings from PhilHealth Regional Office-Cordillera Administrative Region (PRO-CAR).

In line with the Aquino Health Agenda and the Department of Health's Kalusugang Pangkalahatan, the Philippine Health Insurance Corporation is now running towards achieving Universal Health Coverage in the country. This race will culminate with a historic national run on February 17, 2013 – dubbed as the PhilHealth Run for Health and Hope – in the hope of mobilizing 90,000 runners in at least 18 key provinces/cities nationwide. This is also in celebration of PhilHealth's 18th year of bringing health risk protection and security to the Filipino people.

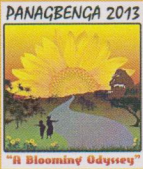
All proceeds of the event will be shared to a selected beneficiary identified by the respective Philhealth Regional Offices. PRO-CAR aims to bring together at least 3,000 runners and share the triumph of this activity with our regional recipient, the Helping Hands Healing Hearts Ministries Incorporated located at # 6 Milflores St., Amparo Heights, Camp 7, Baguio City. This institution serves to indigent sick children by supporting their further medication and therapy as well as provision of temporary shelter for the abandoned.

In line with this, may we request your partnership by sending a contingency from your office. Attached is a copy of the registration forms for your perusal. Our staff from the Field operations Division will be glad to coordinate with your office regarding their registration. For other inquiries, please contact Ms. Catalina C. Adawey through 444-8361 local 4008.

Your favorable response is of utmost importance. Thank you very much.

Very truly yours,


ELVIRA C. VER
Regional Vice President



TA-RUN-A!

PhilHealth NATIONWIDE RUN 2013

2.17.13

February-17-2013

BURNHAM LAKE DRIVE, BAGUIO CITY

3K • 5K • 10K • 18K

A National Run for Mother & Child Protection

Category	Fee	Assembly Time	Gun Start
18K	P450	4:45 AM	5:00 AM
10K	P350	5:15 AM	5:30 AM
5K	P300	5:45 AM	6:00 AM
3K (Kiddie & Adult)	P250	6:15 AM	6:30 AM

For the benefit of Philippine Children's Medical Center and Helping Hands, Healing Hearts Ministries Philippines - Children's Recovery Unit

For more information, visit <https://run2013.philhealth.gov.ph/>
or call (074) 444-8361 local 4018; (074) 446-0371; (074) 444-5345
or visit any PhilHealth Office.

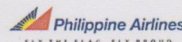
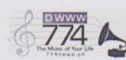
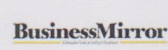
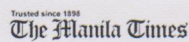
PhilHealth ITEMS!



Fees are inclusive of race envelope, race route race primer, certificate singlet, race bib raffle stub
*18K with finisher's medal

AS PER DSWD AUTHORITY NO. 2012-18 dated September 3, 2012

In partnership with:



Also brought to you by:





Annex "A"
REGISTRATION FORM
National PhilHealth Run (Nationwide Run for Mother and Child Protection)
DSWD Authority No 2012-18 Dated Sept 3

Kindly fill up all the required information and sign the waiver. Shaded portions shall be filled up by the registration agent.

BIB NO. (For Official Use Only)	EVENT DATE February 17, 2013 Distance <input type="checkbox"/> 3K-P 250 <input type="checkbox"/> 10K-P 350 <input type="checkbox"/> 5K-P 300 <input type="checkbox"/> 18K-P 450	SINGLET SIZE <input type="checkbox"/> 3XS <input type="checkbox"/> 2XS <input type="checkbox"/> XS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL
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Last Name & Suffix Name (e.g. Jr, II, III, etc)			First Name			Middle Name		
Age	Birthdate (mm-dd-yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	Mobile Number/s			Landline Number/s		
House No & Street Name			Barangay			Municipality/City		
Province			Small Address/es					
Club/Organization/Company/Affiliation/Authorized Representative of Group Registrants								
P	Amount Paid/Date	Official Receipt No./Transaction Reference No./Bank Name	Registration Center			Run Site		
Date and Place of Singlet & Race Kit Release			Singlet Received by (printed name & signature)/Date			Singlet Released by (printed name & signature)/Date		

WAIVER

By signing this Registration Form and participating in the National PhilHealth Run, I agree to abide by the rules of the event and certify that I am fully and physically fit and adequately trained to finish the race and that I fully accept this Waiver of Liability. I understand that participating in this event may involve real risk of serious injury or even death from various causes, including but not limited to falls, over exertion, dehydration, contact with other participants, spectators, road users, effect of weather and conditions of the road. I voluntarily assume all risk associated with my participation in the event or any activity associated with it. I, in consideration of and as a condition of the acceptance of this registration for myself, my executor, administrators, heirs, next of kin hereby waive, release and forever discharge the event organizers, sponsors, promoters, agents, or servants from all claims, actions or damages that I may have against them howsoever cause, arising out of or in any way connected with my participation in this event. I authorize the use of my name, voice and picture and any information provided by myself on this registration form to be used without payment in any broadcast, telecast, promotion or advertisement. I also agree that the information that I have provided may be used by PhilHealth and by the event organizer for promotions, marketing, sponsorships, and for any other legitimate purpose.

Signature over printed name/Date
(Parent/Guardian if under 18 years old)

In case of emergency contact:

Name	Mobile No.	Landline No.
Relationship	Address	

			BIB NO. (For Official Use Only)
Last Name & Suffix Name First Name MI			Registration Center Contact No. of Registration Center
Student 3K 5K Adult 3K 5K 10K 18K	None XS S M L XL XXL	Amount Paid/Date	Official Receipt No./Transaction Reference No./Bank Name
Date and Place of Singlet & Race Kit Release		Run Site (For NCR only)	Printed Name & Signature of Registration Agent
Singlet Received by (printed name & signature)/Date		Singlet Released by (printed name & signature)/Date	

DSWD Authority No 2012-18 Dated Sept 3