



4-Mile Run & 1-Mile Family Walk For Housing

Saturday, April 23, 2016

Benefiting



Bergen, Paterson and Morris Affiliates
Garret Mountain – Woodland Park NJ
Certification #: NJ14529JHP



RAIN OR SHINE!
T-SHIRTS FOR 1ST
200 Registrants

TIME: 7:30am – Check-in
9:00am – 4 Mile Race
9:30am – Family Walk
10:00am – Awards

REGISTRATION FEES: *On or before 4/16/16:* 4-mile - \$25.00 per person
After 4/16/16: 4-mile - \$30 per person
1 mile walk - \$15 per walker \$50 Max per family
\$5.00 parking fee (cash only) collected onsite by Passaic County Parks Department

**** 2016 USATF # _____**
(A \$3.00 discount will be given to USATF Members up to 10 days prior to race)

Register online via credit card at
<http://BESTrace.com/ASBrun> or complete the form below and mail
with your registration fee to:

Atlantic Stewardship Bank
Attn: Judy Keyes
630 Godwin Avenue
Midland Park, NJ 07432

Day of Race Awards (Runners only):
Medals for Top 3 Male & Female in the following categories:
<= 14 19-24 30-34 40-44 50-54 60-64 70-74
15-18 25-29 35-39 45-49 55-59 65+ 75+
Trophies for overall top male and female runners

Checks should be made payable to: ASB Run For Housing
For more information, call 201-444-7100, or email Run4Housing@asbnow.com

REGISTRATION FORM

Team Name (if applicable) _____

Check One: 4-mile Run _____ Family Walk _____ Family Name _____ (# of family members) _____ Phantom Runner _____

Last Name _____ First Name _____ Gender M F

Date of Birth (mm-dd-yyyy) _____ Age on race day _____ T-Shirt Size (circle) S M L XL

Street Address _____

City, State, Zip: _____ Anticipated Race Time _____

Day of Race Mobile Phone: (____) _____ Email: _____

Emergency Contact (day of race): Name of Contact: _____

Emergency Contact Phone: (____) _____ Secondary Phone: (____) _____

Release of Liability: *I hereby waive all claims for myself and my heirs against officers, sponsors, volunteers and any others associated with the ASB 4-mile Run and Family Walk for Housing for illness, accident, or injury which may result directly or indirectly from my participation. I assume all risk associated with participation, including but not limited to falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course. I further state that I am in proper physical condition to participate in this event. I give permission for use of my name and photo in any broadcast, telecast or print media account of this event for publicity and promotional purposes.*

Signature _____ **Date:** _____

Parental consent is required for those under 18 years of age.

I hereby give my child permission to participate in any and all activities involved with the race listed above. A contact can be reached at the cellphone number referred to above, but if emergency medical care or treatment is necessary and I cannot be contacted, I hereby authorize the race director and/or his/her designee to act on my behalf and approve appropriate treatment.

Parent or Guardian Signature _____ **Date:** _____