

1st Annual

Photo by Loret Steinberg



**REBEKA VEREA
FOUNDATION**



Cliffside Park/Ridgefield
Rotary Club

5K RUN & Old Fashioned Pancake Breakfast

*Proceeds to Benefit Project Graduation to
The Rebeka Vereva Foundation
and Cliffside Park High School Scholarship Fund*

Halloween Costumes Optional

Sunday October 30, 2011

Title Sponsor Entry Fees

Schedule:

Pre-Registration \$20.00

Pre-Registration under 18: \$15.00

Pre-Registration Children 100m Fun Run: \$10.00

7:30 Check-in Day of Race \$25.00

8:45 Briefing Children Fun Run (all participants get ribbon)

9:00 5K and Walk Begin

11:30 Awards

Make Check Out To:

Rebeka Vereva Foundation

Check-in Amenities:

Race T-Shirts (1st 200 paid participants)

Race Packets

Restroom Facilities

Starting Line: Cliffside Park High School

64 Riverview Avenue, Cliffside Park, NJ 07010

Please allow time for parking

USATF Certified Course- Flat & Fast

Contacts:

Cathy Sherry

(201) 945-4075, csherry@bergenchiropractic.com

Lourdes Vereva

201-741-8520, lourdes@rebekavereafoundation.org

Awards:

Cash Prize for top male and female

Medals for top 3 male and female

14 & Under, 15-19, 20-29, 30-39, 40-49,

50-59, 60-69, 70 & over

Info:

On-line Registration: <http://www.register.bestrace.com>

Race Results : <http://www.bestrace.com/2011schedule.html>

www.rebekavereafoundation.org

www.bergenchiropractic.com

Costumes Encouraged

Official Entry Form –Pre Registration Ends October 12 , 2011

Mail Check to: 532 Anderson Ave. Cliffside Park, NJ 07010 payable to Rebeka Vereva Foundation 5K

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____ DOB: _____ Age: _____

Sex: M / F

(Circle one)

Event: 5K Run / Walk T- Shirt Size: S / M / L / XL (Adult sizes)

In consideration of this entry being accepted, I hereby for Heirs, executors, administrators, and myself waive any claim that I may have against the Borough of Cliffside Park, Cliffside Park Volunteer Ambulance Corps, Cliffside Park Police Dept, Cliffside Park Fire Department, Cliffside Park/Ridgefield Rotary Club, Rebeka Vereva Foundation and volunteers, or their representatives, successors, or assignees for any injuries that may be suffered by me in this event. I do hereby certify that I am in physical condition for this event

Signature _____ Parent Signature (under18) _____