



Step By Step: 5k Run/Walk for EG

Music, food, and more!

Official Registration Form

October 12th, 2013

RAIN DATE: October 13th



In Association With:

The Giving Hope
Program at Cincinnati
Children's Hospital

Location: Colts Neck HS Track

59 Five Points Road | Colts Neck, NJ 07722

Schedule of events

8:00 am: Check-in
10 am: 5k begins
11:00 am: Awards given out

Registration Fees

*Registration: \$10 until 10/11
*Day of Race: \$15
ONLINE REGISTRATION RECOMMENDED

ONLINE REGISTRATION

www.stepbystep5krun.wix.com/stepbystep5k

Registration By Mail

(Checks payable to Cincinnati Children's Hospital)
Please address envelope to:

Step by Step 5k Run
P.O. Box 325
Lincroft, New Jersey 07738

Course

*5k CNHS track to Five Points Park
*Timing and Scoring at miles 1 and 2.
*Water/aid stations along course

Prizes

Great 1st, 2nd, 3rd place.

Free t-shirt/gift bag given to pre-registered participants!

ENTRY FORM (Complete form and pay online or by mail)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: () - Email: _____

Date of Birth: _____ Age: _____ Sex: M__ F__

WAIVER OF LIABILITY: I (or my child) am entering this event at our own risk and assume all risk and responsibility for injuries I (or my child) may incur as a direct or indirect result of my (or my child's) participation in this event. I (or my child) for myself and my heirs and executors, also agree not to hold any participating sponsor or supporters or the directors, employees, and agents of such parties responsible for any such injury or damage suffered. I (or my child) verify that I (or my child) have full knowledge of the risks involved with this event, and that I (or my child) am physically fit and sufficiently trained to participate in it.

Signature: _____ Date: _____

Parent Signature (if under 18): _____