

# Dumont Fall Run for Fun

5K and 1 Mile Walk

Saturday, September 9th 2006

Dumont, NJ

**1 Mile Fun Walk**

**8:15am**

**5K Run & Walk**

**9:00am**

**Ribbons to all walkers**

**Medals to all runners**

**T-Shirts**

**Age group trophies**

**Proceeds to benefit The Ryan Caspare Fund to fight childhood cancer**

**Check-in on date of run at Honiss School 7:00-8:30am**

**Entry Fees:**

- 5K \$15.00 (postmarked by Aug. 15) \$20.00 day of race
- 1 mile walk \$10.00 (postmarked by Aug. 15) \$15.00 day of race

**Course:**

- Flat, 2 slight inclines, running through middle of Dumont Day site at Memorial Park.
- Strollers and baby joggers welcome in 1 mile walk race.
- **No skates, bikes, blades or pets.**

**Awards:**

- Awards for all runners and walkers.
- 1st, 2nd, and 3rd place medals for top runners in each age group & top three overall

**Amenities:**

- T-shirts and gift bags to pre-registrants and on race day while supplies last.
- Trainer on site.

**For more information contact Harry Stylianou (H) 201-439-1106, (C) 201-403-4370 or Allen Dickon (H) 201-384-0508, (C) 201-376-3187**

## Official Entry Form

Make checks payable to: The Ryan Caspare Fund.

Mail to: James R. Gash, 140 Fern Street, Washington Township, NJ 07676

**Postmark by 8/15/2006**

5K       1 Mile Walk

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age on Race Day: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ T-Shirt: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Please read carefully and sign Release and Waiver of Liability: I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any race official relative to my ability to safely complete the run. I assume all risks associated with running this event including but not limited to falls, contact with other participants, the effect of weather, traffic and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release the Borough of Dumont, Dumont Vol. Ambulance Corps., Dumont Bd. Of Ed., The Ryan Caspare Fund or their Reps., Successors or Assignees for injuries suffered by me in this event.

Signature (if over 18) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent or Guardian Signature (if under 18) \_\_\_\_\_