

# THE ROBERT P. GIAIMO 5th ANNUAL 5K MEMORIAL RUN/WALK & ONE MILE TRICK-OR-TREAT RUN

**DATE:** Saturday, October 25, 2008 (Rain or Shine)

**TIME:** 8:45 AM – One Mile “Trick-Or-Treat” Run  
9:45 AM – 5K (3.1 mile) Run/Walk

**PLACE:** Fairfield Community Pool, 306 Big Piece Road, Fairfield, N.J. 07004 (travel directions and map on back of form)

**ENTRY FEE:** 5K RUN - \$15.00 to all Fairfield residents – pre-registered  
\$20.00 to all Non-residents – pre-registered  
\$25.00 to all runners day of the run

Trick-Or-Treat Run - \$ 9.00 to all entries – **please pre-register so we have enough goodie bags**  
(12 & under please)

**REGISTRATION:** You may pre-register by sending your completed entry form along with your check made payable to: CFNJ-Robert P. Giaimo Memorial Fund C/O Annette Giaimo, 7 Bryn Mawr Way, Fairfield, N.J. 07004. There will also be a registration drop off point at the Fairfield Recreation Office, 221 Hollywood Ave., Fairfield, N.J. **This is only a drop off point.** All questions should be directed to **Annette Giaimo @ 973-610-5176** or by email: [smilelady@comcast.net](mailto:smilelady@comcast.net).

**ALL ENTRIES MUST BE POSTMARKED NO LATER THAN OCTOBER 15, 2007 FOR THE PRE-REGISTRATION, TO ALLOW ENTRY INTO THE COMPUTER SCORING SYSTEM. AFTER THIS DATE ONLY SAME DAY REGISTRATIONS WILL BE ACCEPTED.**

**SPECIAL AWARDS:**

\*\*\***Rob’s Award:** goes to a runner of the 5K run who **brings in with them** the most amount of money collected privately to sponsor his or her run.

\*\*\***Pumpkin Costume Award:** Goes to the 5K runner sporting the **best costume.** (Please keep safety in mind, Please no head masks or costumes that could interfere with your running )

**AWARDS:** Trophies awarded to overall winners (male & female) and to the first three finishers in each age groups for the 5K run, no duplicates.

**MEMORABILIA:** Shirts and DELUXE gift bags to all pre-registered runners, both in the 5K and 1 mile runs. Quantities limited on same day registrations so **please pre-register.**

**REFRESHMENTS:** Bagels, drinks, fruit and.....Much...Much...More!!!

**COURSE:** Flat, fast course, splits every mile with water stations

**FACILITIES:** Come dressed to run! Rest rooms are on site. No showers or dressing rooms.

**AGE GROUPS FOR THE 5K RUN**

**MEN:** 11 & under, 12 – 15, 16 – 19, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60 & over

**WOMEN:** 11 & under, 12 – 15, 16 – 19, 20 – 29, 30 – 39, 40 – 49, 50 – 59. 60 & over

**Packet pick up:** Day of race between 8 AM – 8:45 AM at the Fairfield Community Pool Complex

\*\*\*\*\*Tear and Send\*\*\*\*\*

In consideration of this entry being accepted, I hereby for myself heirs, executors, and administrators, waive and release any claims that I may have against the Robert P. Giaimo 5K run Committee, the Township of Fairfield, the Fairfield Police and health officials, or any of the aforementioned representatives, successors, or assignee and any sponsors of this event (hereafter to be known as the group) from illness or injuries I may suffer from this event. It is also understood by me that no insurance coverage is provided for this event by the Group and I attest that I am in physical condition for this event. I also understand that I will not hold the Group responsible for any publicity used concerning this event and the entry fees are non-refundable.

Youth Shirt Size S \_\_\_\_ M \_\_\_\_ L \_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Adult Shirt Size S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_\_

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(Print) Last Name	First Name	Initial	Telephone #
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Number and Street	Town	State	Zip Code
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**Select Run:**

Signature of Runner \_\_\_\_\_ 5K Run/Walk   
1 Mile Run

Signature of Parent of Guardian if Runner is under 18 years of age \_\_\_\_\_

Email to confirm entry \_\_\_\_\_

Fee Paid \_\_\_\_\_ Cash / Check # \_\_\_\_\_