



5K and Fun Run Sponsored by:

Paul D. Pinsonault Memorial Foundation • Sunday, June 16, 2013

A race to support Scholarship's for Hopatcong H.S. Student Athletes

Location: Hopatcong High School • 2 Windsor Avenue, Hopatcong, NJ 07843 • 9:00 5K • Fun Run to follow

<p>Registration Fees:</p> <p>Ages 18 and under.....\$10</p> <p>Ages 19 and over.....\$15</p> <p>Fun Run (Hopatcong High School Track)...Free</p>	<ul style="list-style-type: none"> • Awards Given to Top Three Male and Female Runners • Additional Awards given for various age groups 7-70+ • USATF-NJ Athletes save \$2.00 if registered by June 6, 2013
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ONLY ONE RUNNER/WALKER PER FORM PLEASE

BIB# _____

Last Name _____ First Name _____

Address _____

City _____ ST _____ Zip _____

E-mail _____ Phone _____

Shirt Size: (circle one)
 Regular style: Adult XL Adult L Adult M Adult S Youth M
 Pre-registered runners guaranteed a shirt. Race day registrants receive shirts while supplies last.

Age on Race Day _____ Date of Birth _____ Gender M F (circle one)

2010 USATF-NJ# _____ Grand Prix Scoring Only Est. Finish Time _____

5K Run Registration _____ **Payment Enclosed: Cash** _____ **Check #** _____

Fun Run Registration _____ **Make checks payable to: "Paul D. Pinsonault Memorial Foundation"**

Credit Card: Visa _____ **MC** _____ **Amex** _____

Total Amt. \$ _____ **Card #** _____ **Exp.** _____

Signature: _____

In Consideration of your acceptance in the Chief's Challenge, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administration, waive and release any and all rights and claims for damages, and hold harmless, any sponsoring organization, Hopatcong H.S., The Chief's Challenge Organization, The Paul D. Pinsonault Memorial Foundation, www.bestrace.com, the town of Hopatcong, their officers and representatives, and co-sponsors, their representatives, successors, agents, servants or employees, and assignees for any and all injuries suffered by me in said run. I recognize that I must be in good health and of sufficient training and experience in order to participate, and state furthermore, that my ability to participate in and successfully compete in this event has been attested to by a qualified physician or certified fitness consultant. I hereby grant permission to the 5K Chief's Challenge to use photos that may include myself for promotion and publicity; and understand that if the Run cannot be held due to an act of God or circumstances beyond control, the organizer is not liable to refund any money paid by me to participate. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Signature _____ Date _____

Signature _____ Date _____

(Parent or Guardian if under 18)

Online Registration available at www.bestrace.com

Mail Applications to: Pinsonault, 6 Mills Ridge, Sparta, NJ 07871

For more information visit www.5Kchiefschallenge.com • Packet pick-up begins at 7:30 am on Race Day