



Sunday, April 26, 2009 | 9am Start

Please join us to honor our friend Donna K. Lane in the Third Annual memorial run/walk on the beautiful grounds of Thompson Park, Lincroft, NJ. Donna K. Lane was a former Executive Director of the Friends of the Monmouth County Parks, a running enthusiast, a highly talented massage therapist, an extremely kind and loving person and devoted wife and mother.

Registration Information

- ☐ Pre-registration fee: \$30.00 must be received by April 6, 2009
- □ Post-registration fee: \$35.00 accepted 8:00am 8:30am on race day (shirt included while supplies last)
- ☐ I cannot attend the memorial run/walk but would like to make a donation.

Registration fee includes a t-shirt, maps, support, water stop and refreshments at the finish.

Register online at www.RaceForum.com/lane

Make checks payable to: Friends of the Parks

Mail to: Friends of the Parks

P.O. Box 686 Lincroft, NJ 07738

If you would like to volunteer for this event or have questions, please contact Maria Wojciechowski @ 732-975-9735 | mcwojciec@monmouthcountyparks.com

Sunday, April 26, 2009

Pre-Registration April 6, 2009

Monmouth County Park System Thompson Park Lincroft, NJ

9:00am Start Time



Proceeds to benefit

- Friends of the Monmouth County Parks
- Donna K. Lane Memorial Fund

www.friendsofmonmouthcountyparks.com

FRIENDS OF THE MONMOUTH COUNTY PARKS

Donna 5K. Lane Memorial Run/Walk

Last Name: ______ First Name: _____

REGISTRATION

Address:		
City:	State: _	Zip:
Phone (day time)	e-mail _	
M F Age		
Adult shirt Size S M L XL XXL XXXL		
I'd like to order additional T-shirts at \$12 eachSN	Λ	XLXXLXXXL
WAIVER		·············
Please Read Carefully and sign In consideration of the acceptance of my application for entry in the Donna 5K. Lane Memorial Run/ Walk, I, the undersigned, voluntarily intend to legally bind myself, my heirs, executors, and administrators, hereby waive, release and hold harmless the Friends of the Park; Monmouth County Board of Recreation Commissioners; Monmouth County Board of Chosen Freeholders; the municipalities of Lincroft and any person or entity associated with the race from any claims for damages of any nature arising out of my participation in the event. I accept and voluntarily assume any and all risks of harm associated with my participation.		
I recognize that I must be in good health and of sufficient training and experience in order to participate in the event. I further state that my ability to participate in and successfully compete in this event has been confirmed by a qualified, licensed physician. I also give permission for the use, without fee, of my name and picture in any broadcast, telecast or print media account of this event for promotional and publicity purposes. I further acknowledge that I have read and accepted these conditions under which my entry is made.		
Participant's Signature		Date
Parent or guardian's signature, if under 18		Date