

Donna 5K. Lane Memorial Run/Walk

FRIENDS OF THE
MONMOUTH
COUNTY PARKS

Friends
of the
Parks



Sunday, April 22, 2007 | 9am Start

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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

Please join us to honor our friend Donna K. Lane in a 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, 2007
- 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 one year membership with the Friends of the Parks, t-shirt, maps, support, water stop and refreshments at the finish.

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 Mark Zelina @ 732-672-4186 | mzelina@maserconsulting.com

Donna changed the lives of others for the good, and if that's what counts in life, then Donna did well.

FRIENDS OF THE MONMOUTH COUNTY PARKS

Donna 5K. Lane Memorial Run/Walk

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REGISTRATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day time) _____ e-mail _____

Adult shirt Size S M L XL XXL XXXL

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 _____