YEAR TEN! NORWOOD FAST & FLAT 5K

USA TRACK & FIELD NEW JERSEY
NB North Jersey
New Jersey Grand Prix Event 500 Points

USATF-NJ CERTIFIED AND SANCTIONED GRAND PRIX EVENT

RUN/WALK/DOG WALK 10/25/14

LOCATION
Kennedy Field
455 Broadway, Norwood, NJ
Rain or shine

SCHEDULE
8:00 AM to 9:15 AM: Check-in
9:30 AM: 5K run/walk/dog walk
10:30 AM: Kids fun run
10:45 AM: Awards and 50/50

COURSE
Fast, flat, and USATF-NJ certified
B-TAG timing and digital mile clocks
Water stops during miles 2 and 3

AMENITIES
High quality long sleeve tech tee to first 500 registrants
Music, stretching stations, and post-race refreshments
Plenty of parking and restroom facilities

LARGE TROPHIES AND GIFT CERTIFICATES TO:
Top 3 male and female finishers overall
Top 3 in all 5-year gender age groups: 9 & under to 80+
Top 5 male and female Norwood finishers
Top 3 NPS boys and girls, grades K − 4 and 5 − 8

ADDITIONAL INFORMATION
Email: norwoodrunnersassociation@gmail.com
Phone: David Gettis at 201.888.8570
Online: norwood5K.com • facebook.com/fastandflat

REGISTER ONLINE AT: REGISTER.BESTRACE.COM

PASTA DINNER AND PRE-RACE BIB PICKUP FRIDAY, 10/24, FROM 5:30 TO 8:00 PM
Norwood Public School (177 Summit Street). $12 each for dinner. Eat in or take out.

SECOND ANNUAL NORTHERN VALLEY TRIPLE CROWN PARTICIPANT ALONG WITH THE HAWORTH 5K AND THE HARRINGTON PARK 5K
MORE INFORMATION UNDER EVENTS AT: REGISTER.BESTRACE.COM

LAST_____ FIRST_____

STREET_____

CITY_____ STATE_____ ZIP_____

EMAIL_____ PHONE_____

SEX_____ DOB_____ AGE ON RACE DAY_____

FEES
❏ $25 mailed by 10/20
❏ $22 USATF-NJ by 10/20
❏ $30 race day
Online registration closes 10/23

Checks payable to Norwood Runners' Association, mailed to 50 Adams Street, Norwood, NJ 07648

2014 USATF-NJ #_____

TECH TEE ❏XS ❏S ❏M ❏L ❏XL ❏XXL

In consideration of this entry being accepted, I hereby for heirs, executors, administrators, and myself waive any claim that I may have against the Borough of Norwood, the Norwood Runners' Association Inc., the Norwood Volunteer Ambulance Corps., the Norwood Police Dept., or their representatives, successors, or assignees for any injuries that may be suffered by me in this event. I certify that I am in physical condition for this event.

SIGNATURE (parent or guardian if under 18)_____ DATE_____