

3rd Annual 5K

Proceeds will benefit the Department for Persons with Disabilities

Saturday – April 14, 2012

Time: 9:45 am

Pre-register by: 4/6/2012

Race Location Start & End:
 American Legion Building
 Legion Road, Milton, NJ
 (Off of Berkshire Valley Road)

Race Day Registration: 8am—9:30am
 Race Time: 9:45am

Entry Fee
 Pre-Register online at: www.bestrace.com
 or mail back the attached registration form

- \$20.00 for pre-registered runners (by 4/6/2012)
- \$25.00 for race-day registration

For more information

Contact Mike Murphy at (908) 208-5190



Knights of Columbus
 Joseph F. Lamb Council
 No. 5510
 Oak Ridge, NJ



- Top 3 Males / Top 3 Females**
- 15—19
 - 20—29
 - 30—39
 - 40—49
 - 50—59
 - 60—69
 - 70+



USATF Certified Course No. NJ10517JHP
 Restroom Facilities Available



In consideration of your acceptance in the Knights of Columbus 5K run, 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, the presenting organization, (Knights of Columbus Council No. 5510) and any sponsoring organizations, and any 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 successfully compete in this event, and I certify that I am in good physical condition for this event. I understand that if the event 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. I hereby grant permission to the Knights of Columbus Council No. 5510 to use photos that may include me for any promotion and publicity. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Mail form and check to:

Knights of Columbus
 Council No. 5510
 PO Box 2624
 Oak Ridge, NJ 07438

Download this form at:
www.bestrace.com

Make check payable to:
 K of C Council #5510

 First Name

 Last Name

 Address

 City / State / Zip

 Email

 Phone

 Date of Birth

 Age on Race Day

Circle: M F



 Signature

 Date

 Signature of parent or guardian if under 18 years of age.

 Date

How did you hear about this 5K? _____