



Memorial Park
 Darwin Ave & Monona Ave
 Rutherford, NJ 07070

OFFICIAL ENTRY FORM

START & FINISH

START ON MONONA AVE AT MEMORIAL PARK

FINISH ON TRYON FIELD

RAIN OR SHINE

SCHEDULE OF EVENTS

7:00 AM - CHECK IN BEGINS

9:00 AM - COSTUME CONTEST*

10:00 AM - 5K BEGINS / 10:15 AM - 1 MILE WALK

11:00 AM - AWARDS & BBQ

ENTRY FEES

PRE-REGISTRATION - \$25

(PRE-REGISTRATION CLOSSES 10/21/2012)

DAY OF RACE - \$30

USATF-NJ MEMBERS - \$20

AMENITIES:

T-SHIRTS AND RACE PACKETS WHILE SUPPLIES

LAST; POST RACE BBQ AND DJ

TSHIRT RACE NUMBER AND PACKET PICK UP

MEMORIAL PARK 10/27/2012 5PM TO 8PM

(PROCEEDS WILL BE GOING TO THE RUTHERFORD PBA AND THE HEATHER SARTORI SCHOLARSHIP FUND.

MAKE CHECKS PAYABLE TO "RUTHERFORD PBA LOCAL 300")

*NO RUNNERS WILL BE ALLOWED TO PARTICIPATE IN THE 5K IN COSTUME/ RUNNER ATTIRE ONLY

AWARDS

-TOP 3 OVERALL MALE & FEMALE

-TOP 3 MALE & FEMALE PER AGE GROUP IN 5 YEAR AGE GROUPS, 14 & UNDER THROUGH 80+

-15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+

- BEST ADULT COSTUME/ BEST CHILD COSTUME

COURSE

SCENIC RUTHERFORD NEIGHBORHOOD;

SANCTIONED AND CERTIFIED BY USATF-NJ

TIMING AND SCORING BY "BEST RACING SYSTEMS".

RACING RESULTS WILL BE POSTED AT

WWW.BESTrace.COM

REGISTRATION BY MAIL:

RUTHERFORD PBA 300 5K

PO BOX 228

RUTHERFORD, NJ 07070

QUESTIONS: SCOTT - 201-870-3415

← LAST NAME: _____ FIRST NAME _____ Phone: _____ →

Address: _____ City: _____ ST: _____ Zip: _____ Email: _____

DOB _____ SEX: M _____ F _____ AGE: _____ SIZE OF SHIRT: S _____ M _____ L _____ XL _____ USATF-NJ# _____

WAIVER OF LIABILITY: In consideration for the acceptance of my entry, I, on behalf of myself, my heir, executors, administrators, and assignees, hereby release myself and discharge the Borough of Rutherford, Rutherford First Aid Squad, and Rutherford Police Department, RUTHERFORD PBA 300, HEATHER SARTORI SCHOLARSHIP FUND, associated sponsors, volunteers, USA Track and Field and all other sponsors or beneficiaries and their representatives, successors and assignees for all claims for damages and causes of action arising from or out of my participation in the RUTHERFORD PBA 5K RUN/WALK HALLOWEEN FOOT PURSUIT. I attest that I am physically fit for this event. I hereby certify that I have read all the terms and conditions of this release and intend to be legally bound thereby.

Signature: Date: _____

Parent Signature: (If under 18) _____