

Watchung Hills Regional Municipal Alliance

2013 Certified 5K Run and 1 Mile Fitness Walk



WHMA is a volunteer organization concerned about the consequences of DRUG and ALCOHOL ABUSE in our communities of: Warren Township, Watchung Borough, Long Hill Township, & Green Brook Township.



STATE OF NEW JERSEY
GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

DATE: SUNDAY	LOCATION:	ENTRY FEE:
OCTOBER 6	WATCHUNG LAKE	Received Before Sept 30th - T-shirt
Registration 8:00 am.	Mobus Field - Brookdale Road	• \$20.00 run \$13.00 walk
Race Start: 9:00 am.	Watchung, NJ	Received After Sept 30 th - NO T-shirt
		• \$25.00 run \$16.00 walk

5K Prize Categories				
Medals First, Second & Third Place Winners			Prizes	
Women		Men		Children
15-19	40-49	15-19	40-49	14 & Under
20-29	50-59	20-29	50-59	
30-39	60 & Over	30-39	60 & Over	
Overall Male and Female Adult Winners				
\$50.00 gift certificate & medal				

MAKE CHECKS PAYABLE TO: WHRMA - Watchung Hills Regional Municipal Alliance
MAIL CHECKS AND APPLICATION TO: WHRMA 108 STIRLING RD., WARREN, NJ 07059
 Questions call : Carolyn Seracka 732-968-1051 ext. 3 or Jack Walsh 908-561-8883
 Online registration at www.bestrace.com

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THE WATCHUNG HILL REGIONAL MUNICIPAL ALLIANCE 2013—5K RUN OR 1 MILE WALK REGISTRATION APPLICATION

Last Name		First Name		
E-MAIL Address			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address			Age on Oct.6th	
City/Town		State	Zip Code	
Home #	Cell #		Birthdate	
Activity:	<input type="checkbox"/> Runner	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Donation
Shirt size (adult)	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Extra large

Acceptance declaration:

- I hereby acknowledge for myself and/or my participating child, that I, my child's or mine/their heirs, executors and administrators waive and release any claims that may arise against The Watchung Hills Municipal Alliance and Watchung Hills Regional High School or their representatives or volunteers, successors or assignees for any injuries that may be suffered by me or by my child during this event.
- I further certify that I and/or my child are physically able to participate in this event.
- I further authorize the use of my name/photo or my child's name/photo for event publicity.

Signature: _____ **Date:** _____

Signature (Parent/Guardian signature if under 18)