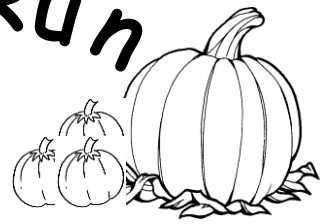


The Great Pumpkin 5K Run & Family Walk



Watchung Hills Regional Municipal Alliance

WHRMA is a volunteer organization providing communities with DRUG and ALCOHOL ABUSE prevention programs.



STATE OF NEW JERSEY

GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE



DATE: Saturday November 7, 2015 Race Start: 9:00 am On-site Registration 8:00	LOCATION: WATCHUNG LAKE Mobus Field -Brookdale Road Watchung, NJ	ENTRY FEE due Received on or Before Oct. 16th - \$20.00 run \$12.00 walk Received After Oct 16 th \$25.00 run \$15.00 walk
--	---	--



Pre-registration @ www.bestrace.com

CHECKS TO: WHRMA - Watchung Hills Regional Municipal Alliance

MAIL TO: WHRMA 108 STIRLING RD., WARREN, NJ 07059

Questions call: Carolyn Seracka 732-968-1051 ext. 3 or Jack Walsh 908-561-8883



5K Prize Awards:

Medals: 1st, 2nd, 3rd, Place Winners			Pre-registration participants by 10-16: T-shirt		
Women and Men		Children	On-site-registration participants: T-shirt while supplies last.		
15-19	30-39	50-59	Prize: Overall Male and Female Adult Winners \$50.00 gift certificate & medal		
20-29	40-49	60 +			
14 & Under					

*** ✂ ***** ✂ ***** ✂ ***** ✂ ***** ✂ *****

THE WATCHUNG HILL REGIONAL MUNICIPAL ALLIANCE 2015—Great Pumpkin 5K RUN or Family Walk REGISTRATION APPLICATION

Last Name		First Name	
E-MAIL Address			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			Age as of Nov. 7th
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			
T-Shirt size (adult sized) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra-large <input type="checkbox"/> 2XLg			

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)