

# The Watchung Hills Municipal Alliance

ANNOUNCES

## The Alliance 5K Certified Run & The Mayors Wellness Challenge 2006

1 Mile Walk

Sponsored By:



**DATE:** **SATURDAY, OCTOBER 7<sup>TH</sup> AT 9:00 a.m.**  
(on-site registration begins at 8:00 a.m.)

**LOCATION:** **WATCHUNG LAKE**  
Brookdale Road  
Watchung, NJ 07069

**Entry Fee:** \$18.00 run/ \$12.00 walk with T-shirts before Sept. 25<sup>th</sup>  
\$23.00 run/ \$15.00 walk after Sept. 25<sup>th</sup>  
(T-shirts given while supply lasts)

**MAKE CHECKS PAYABLE TO:** WATCHUNG HILLS MUNICIPAL ALLIANCE (Mail to)108 Stirling rd., Warren, 07059

<p><b><u>Questions About the Race?</u></b></p> <p>Please call:</p> <p>Kim Otto (908) 578-4404</p> <p>Ann Marie Lynch (908) 313-9366</p>	<p><b><u>5K Prize Categories</u></b></p> <table><thead><tr><th><u>WOMEN</u></th><th><u>Men</u></th></tr></thead><tbody><tr><td>14 &amp; Under</td><td>14 &amp; Under</td></tr><tr><td>15-19</td><td>15-19</td></tr><tr><td>20-29</td><td>20-29</td></tr><tr><td>30-39</td><td>30-39</td></tr><tr><td>40-49</td><td>40-49</td></tr><tr><td>50-59</td><td>50-59</td></tr><tr><td>60 &amp; Over</td><td>60 &amp; Over</td></tr></tbody></table>	<u>WOMEN</u>	<u>Men</u>	14 & Under	14 & Under	15-19	15-19	20-29	20-29	30-39	30-39	40-49	40-49	50-59	50-59	60 & Over	60 & Over	<p><b><u>Prizes Awarded</u></b></p> <p><b><u>Overall Winners</u></b> \$50.00 gift certificate, medal and a 3 Month membership to Mountain Fitness</p> <p><b><u>First Place Winners By Category</u></b> Medal and a 1 month membership to Mountain Fitness</p> <p><b><u>Second &amp; Third Place Winners</u></b> Medal</p> <p><b><u>All Runners</u></b></p>
<u>WOMEN</u>	<u>Men</u>																	
14 & Under	14 & Under																	
15-19	15-19																	
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40-49	40-49																	
50-59	50-59																	
60 & Over	60 & Over																	

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### **THE WATCHUNG HILL REGIONAL MUNICIPAL ALLIANCE 5K RUN OR 1 MILE WALK REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Age on Oct. 1<sup>st</sup>: \_\_\_\_\_ Sex: M F (Please Circle)

Wheelchair Applicant: Yes Or No (Please Circle) Run or Walk (Please Circle)

In consideration of this entry being accepted. I hereby for myself, my heirs, executors and administrators waive and release any claims that I may have against The Watchung Hills Municipal Alliance and Watchung Hills Regional High School or their representative, 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 and further authorize the use of my name and/or photograph in conjunction with publicity about this event.

**Signature Required** \_\_\_\_\_ **Parent or Guardian (if under 18)** \_\_\_\_\_

An organization comprised of volunteers concerned about the consequences of DRUG and ALCOHOL ABUSE in our communities.  
**Serving: Warren Township, Watchung Borough, Long Hill Township, Green Brook Township.**