

"This event is dedicated in memory of Maureen Roehnel"



NOCC and PureOlogy's Walk to
BREAK THE SILENCE
on Ovarian Cancer



MAYOR'S 5K RUN/WALK TO BREAK THE SILENCE OF OVARIAN CANCER

18th Annual West Orange
Downtown Classic

Sunday, September 21, 2008
West Orange Township Hall
9:30 am 1 Mile Free Fun Run
10:00 am 5K Run/Walk



Questions? Call 973-325-4109 or Visit
www.WalkForOvarianCancer.com

Benefiting the Northern NJ NOCC's
mission to raise awareness and promote
education about ovarian cancer



AGE CATEGORIES:

- Male and Female
- Under 15; 15-19; 20-29; 30-39; 40-49; 50-59; 60 and over

AWARDS:

- First, Second and Third in all classes
- Downtown classic medal for class winners
- Trophies for overall male and female winner

AMENITIES: Registration fee includes electronic timing, mile splits, water stops, post race refreshments, and quality T-shirts for the first 400 registrants. **PLENTY OF PARKING! RACE WALKERS WELCOME!**

REGISTRATION FEE:

- Pre-registration \$25.00, \$22.00 for USATF NJ members
- Must be received no later than September 18th
- Race Day registration \$30.00 (cash or check only)
- Register using the form below or online.

DIRECTIONS:

- **From 280 West**
 - Exit 10, turn right at stop light off of exit ramp onto Northfield Avenue
 - 200 yards and make a left turn onto Main Street
 - Township Hall is on the left
- **From 280 East**
 - Exit 9, make a left onto Mt Pleasant Avenue
 - Township Hall is approximately 200 yards on the right

MAYOR'S RUN/WALK TO BREAK THE SILENCE OF OVARIAN CANCER REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PARTICIPATING IN: _____ 5K RUN _____ FUN RUN (FREE)

SEX: _____ MALE _____ FEMALE

USATF NJ NUMBER: _____ DATE OF BIRTH: _____ AGE ON RACE DAY: _____

SHIRT SIZE: _____ S _____ M _____ L _____ XL

I am an ovarian cancer survivor: _____

By my signature below, and in consideration for being allowed to compete in the **Mayor's Run/Walk to Break the Silence of Ovarian Cancer**, I do hereby assume all the risks competition/participation therein, and, on behalf of myself, my heirs and personal representatives, do hereby agree to hold harmless, and waive all rights of action I might have, against the Township of West Orange and all other persons and organizations having any part in the organization and conduct of the day's events, for any injury, loss or damage I may suffer as a result of my participation/competition; and I certify that I am in proper physical condition to compete.

SIGNED _____ Date _____
(Parent or Guardian if under 18)

MAKE CHECK PAYABLE TO:

DWOA/NOCC AND MAIL TO Downtown West Orange Alliance, 66 Main Street, West Orange, NJ, 07052 OR
REGISTER BY CREDIT CARD ONLINE AT <http://www.walkforovariancancer.com>.

Downtown West Orange Alliance
West Orange Township Hall
66 Main Street
West Orange, NJ 07052



Learn more about Ovarian Cancer! Join us at www.Ovarian.org - Northern NJ Chapter

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NOCC
National Ovarian
Cancer Coalition
Northern New Jersey