



Mayor's 5K Run/Walk to  
**BREAK THE SILENCE**  
 of Ovarian Cancer

*In Memory of Lisa Neubart, 1957-2009*

**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 600 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 October 15th
- Race Day registration \$30.00 (cash or check only)

**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
  - Note: Main Street will be closed after 9:30am!! Past 9:30, Exit 10 Straight onto Wheeler Street, Left on Lindsley Avenue, Right onto Mt. Pleasant Avenue, Township Hall is 200 yards on right.
- **From 280 East**
  - Exit 9, make a left onto Mt Pleasant Avenue
  - Township Hall is approximately 200 yards on the right

**PARKING:** Free parking will be available behind Town Hall, 66 Main Street, at 80 Main Street, and at 61 Main Street, all conveniently located close to the event

**Register Now!**

**19th Annual West Orange  
 Downtown Classic**

**Sunday, October 18th 2009  
 West Orange Township Hall  
 9:30 am Free Kids Fun Run  
 10:00 am Run/Walk**



**Register - Donate - Volunteer**  
[www.WalkForOvarianCancer.com](http://www.WalkForOvarianCancer.com)

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



**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  KIDS 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:**  **I am walking as part of a Team (Team name):** \_\_\_\_\_

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 of 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 and mail to Downtown West Orange Alliance, 66 Main Street, West Orange, NJ, 07052  
 or **REGISTER 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](http://www.Ovarian.org) - Northern NJ Chapter

### 2009 Sponsors



If you are walking as a Team, each Team must have at least 10 members,  
 and each member is asked to raise \$25 in addition to their entry fee

Team Name: \_\_\_\_\_

Supporter Name	Supporter Address	Donation Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals:	_____	_____