

BREAK THE SILENCE

on Ovarian Cancer

24th Annual West Orange Mayors 5K Run/Walk



Sunday, September 14, 2014
West Orange Township Hall

9:30 am Free Kids Fun Run

10:00 am Run/Walk

Register – Donate – Volunteer
www.WalkForOvarianCancer.com

The mission of the NOCC is to save lives by fighting tirelessly to Prevent and cure ovarian cancer, and to improve the quality of life for survivors.



AGE CATEGORIES:

- Male and Female
- Under 15; 15-19; 20-29; 30-39; 40-49; 50- 59; 60-69; 70- 79 & 80 and over

AWARDS:

- First, Second and Third in all classes
- Downtown Classic Medal for class winners
- Trophies for overall male and female winner
- Mayors winner by county

AMENITIES: Registration fee includes electronic timing by Best Racing Systems, mile splits, water stops, post race refreshments, and quality t-shirts for the first 600 registrants.
PLENTY OF PARKING! ALL ARE WELCOME!

REGISTRATION FEE:

- Pre-registration \$30.00, \$27.00 for USATF NJ members
- Must be received no later than September 9th
- Race Day registration \$35.00 (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
 - Town 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

5K Run Registration Form

Last Name _____ First Name _____

Address _____ City/St _____ Zip _____

Email _____ Participating in ___ 5K Run ___ 5K Walk ___ Kids Fun Run

Sex ___ M ___ F USATF NJ # _____ DOB _____ Age on Race Day _____

T-shirt ___ Mens or ___ Ladies SIZE- ___ S ___ M ___ L ___ XL I am an Ovarian Cancer Survivor _____

I am 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 _____ Dated _____

(Parent or Guardian If under 18)



Make Check Payable to DWOA and mail to **Downtown West Orange Alliance** 66 Main St. West Orange NJ, 07052 Or Register online at <http://walkforovariancancer.com>. Questions call 973-325-4109