



RUN FOR YOUR LIFE

Somerville YMCA Spooky Sprint 5K Run & Walk

WHEN: SATURDAY, OCTOBER 10
TIME: 9:30 AM
WHO: ALL AGES
WHERE: VETERAN'S MEMORIAL PLAZA
CORNER OF EAST HIGH & GROVE STREETS
IN SOMERVILLE
COST: \$25 (\$22 USATF-NJ MEMBERS)
\$30 (AFTER SEPT 30)

REGISTRATION OPTIONS:

- www.bestrace.com
- SOMERVILLE YMCA (form on back)
- Race day at 8:00 am



FOR MORE INFORMATION
please call Somerville YMCA at 908 722 4567.

SOMERVILLE YMCA

A branch of Somerset County YMCA

2 Green Street, Somerville, NJ 08876
(P) 908 722 4567

www.ymcasomersetvalley.org

 [Facebook.com/SomersetValleyYMCA](https://www.facebook.com/SomersetValleyYMCA)

 [Twitter.com/somersetvalley](https://twitter.com/somersetvalley)

The Y is the nation's leading nonprofit committed to strengthening the community through youth development, healthy living and social responsibility. At Somerset County YMCA, we believe everyone, regardless of age, income or background, should have the opportunity to learn, grow and thrive. For information about Somerset County YMCA and financial assistance, visit us at www.somersetcountyymca.org.



- **Shirts & goody bags** to all pre-registered runners (while supplies last)
- **Awards for top 3 male/female runners** in 14 & under, 15-19 and age group categories through 85+
- Race starts rain or shine
- **Please bring a canned good** for the food bank

2015 SOMERVILLE YMCA SPOOKY SPRINT 5K RUN & WALK REGISTRATION FORM

Name: _____ Age: _____ Gender: _____

Address: _____ State/Zip: _____

Home Phone: _____ Mobile: _____ Email: _____

Date of Birth: _____ USATF NJ#: _____ Shirt size: S M L XL

Liability release: In consideration of being accepted in the Spooky Sprint, I for myself, my heirs, my executors, administrations and assigns do hereby expressly release and discharge the Somerset County YMCA, Best Race, USATF, the Borough of Somerville, Somerset County and its officers and employees, the organizers, directors, sponsors, volunteers, its officers, agents, and employee's from any and all claims, demands, and actions of any kind arising, in whole or in part, out of participation in this event.

Participant's signature: _____ Date: _____

Parent/Guardian signature (if under 18 years of age): _____ Date: _____



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