

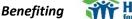
9:00am – 4 Mile Race

9:30am - Family Walk

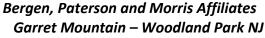
10:00am - Awards

4-Mile Run & 1-Mile Family
Walk For Housing

Saturday, April 23, 2016







Certification #: NJ14529JHP





RAIN OR SHINE! T-SHIRTS FOR 1<sup>ST</sup> 200 Registrants

**REGISTRATION FEES:** 

TIME: 7:30am - Check-in

On or before 4/16/16: 4-mile - \$25.00 per person

After 4/16/16: 4-mile - \$30 per person

1 mile walk - \$15 per walker \$50 Max per family

\$5.00 parking fee (cash only) collected onsite by Passaic County Parks Department

\*\* 2016 USATF #

(A \$3.00 discount will be given to USATF Members up to 10 days prior to race)

## Register online via credit card at

http://BESTrace.com/ASBrun or complete the form below and mail with your registration fee to:

**Atlantic Stewardship Bank** 

Attn: Judy Keyes 630 Godwin Avenue Midland Park, NJ 07432 <u>Day of Race Awards (Runners only)</u>:

Medals for Top 3 Male & Female in the following categories:

<= 14 19-24 30-34 40-44 50-54 60-64 70-74 15-18 25-29 35-39 45-49 55-59 65+ 75+

Trophies for overall top male and female runners

Checks should be made payable to: ASB Run For Housing

For more information, call 201-444-7100, or email Run4Housing@asbnow.com

		REGISTRATION FO	<u>PRM</u>				
Team Name (if applicable)		<u>-</u>					
Check One: 4-mile Run	Family Walk	Family Name	(# of family members)_	PI	hanto	m Runne	:r
Last Name		First Name		_ Gender	М	F	
Date of Birth (mm-dd-yyyy) _		Age on race day	T-Shirt Size (circle)	S M	L	XL	
Street Address							
City, State, Zip:			Anticipated Race T	ime			
Day of Race Mobile Phone: (							
Emergency Contact (day of ra							
Emergency Contact Phone: (	)	Se	econdary Phone: () _				
Release of Liability: I hereby the ASB 4-mile Run and Family Vassume all risk associated with permission for use of my name of	Walk for Housing for participation, includ c on the course. I fu	rillness, accident, or injury ing but not limited to falls, irther state that I am in pro	which may result directly or contact with other participa oper physical condition to pa	indirectly nts, the e <sub>j</sub> rticipate i	from ffects n this	my parti of weath event. I	cipation. I ner, the give
purposes. Signature			Date:				
Jigi iatul E			Date:				

## Parental consent is required for those under 18 years of age.

I hereby give my child permission to participate in any and all activities involved with the race listed above. A contact can be reached at the cellphone number referred to above, but if emergency medical care or treatment is necessary and I cannot be contacted, I hereby authorize the race director and/or his/her designee to act on my behalf and approve appropriate treatment.

Parent or Guardian Signature	Date:
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