

Schedule

8:00 am	Registration Begins
9:30 am	5K Start
10:10 am	1 Mile Ramble
	Run/Walk/Wheel/Stroll
10:30 am	Kids' Dashes

Registration

By mail or online at www.practicehard.com

Entry Fees

5K	by October 10	\$18
	USATF Members	\$16
	After October 10 and on race day	\$20
	1 Mile Ramble	\$10
	Kids' Dashes	\$7



**CPL 9th Annual
5K Breakfast Run
Saturday, October 15, 2011**



LOCATION
Cerebral Palsy League
61 Myrtle Street
Cranford, NJ 07016

INFORMATION
WWW.OYMP.NET
901-686-0026

**Free Continental Breakfast
Family Fun
Custom Designed T-Shirt
Awards
Random Prizes**

Course

5K—USATF certified, flat, fast, through
Commerce Business Park
Kids' Dashes—Ages 2-11, 30—200 yards
"Field of Dreams" track

Awards

5K - 1, 2, 3, Overall & Age Groups,
Male & Female
Age Groups
5 years -14 & under to 85 & over
1 Mile Ramble - Ribbon to all Ramblers
Kids' Dashes - Ribbon to all Finishers

_____ 5K \$18 by October 10 _____ 5K \$16 USATF members _____ 5K \$20 After October 10 and on race day
_____ 1 Mile Ramble \$10 _____ Kids' Dashes \$7

Adult T-Shirt Size ___ S ___ M ___ L ___ XL **Kids T-Shirt Size** ___ YS ___ YM ___ YL

**Checks payable to: The Cerebral Palsy League
Mail to: The Cerebral Palsy League, 61 Myrtle Street, Cranford, NJ 07016**

_____ **First Name** _____ **Last Name**

_____ **Street** _____ **City** _____ **State** _____ **Zip**

_____ **Phone** _____ **Date of Birth** _____ **Age on Race Day** _____ **2011 USATF#**

I am unable to participate but would like to support The Cerebral Palsy League with my donation of _____. _____ **E-mail** _____ **Sex**

Waiver Release: In consideration of this entry being accepted, I hereby for myself, heirs, executors, & administrators waive & release any claims I may have against The Township of Cranford, The Cerebral Palsy League, Inc., On Your Mark Productions, their staff, officers, volunteers, successors and assigns for any and all injuries that may be suffered by me in this event. Further, I state that I am physically able to participate in this event.

_____ **Signature** _____ **Date** _____ **Signature of parent if under 18**