

**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.raceforum.com/cpl](http://www.raceforum.com/cpl)  
**NO REFUNDS, TRANSFERS OR DEFERRALS.**

**Entry Fees**

5K by October 13 \$23  
USATF Members \$20  
After October 13 and on race day \$25  
1 Mile Ramble \$10  
Kids' Dashes \$7



**LOCATION**  
Cerebral Palsy League  
61 Myrtle Street  
Cranford, NJ 07016  
**INFORMATION**  
call  
(908) 709-1800 ext.128



**CPL 12th Annual  
5K Breakfast Run**



**Saturday, October 18, 2014**

**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

**Race day phone number: 732-895-0613**

\_\_\_\_\_ 5K \$23 by October 13 \_\_\_\_\_ 5K \$20 USATF members \_\_\_\_\_ 5K \$25 After October 13 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

Postmark  
By  
October 9, 2014

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent unable to participate but would like to support The Cerebral Palsy League with my donation of \_\_\_\_\_.** Age on Race Day \_\_\_\_\_ 2014 USATF-NJ # \_\_\_\_\_  
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 \_\_\_\_\_