Sunday May 22nd 9:30am







Bronze Sponsors

















Principal's Challenge Sponsors





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Demarest NJ 07627

www.demarest5k.org

DATE: Sunday, May 22, 2011 TIME & PLACE The starting time for the 5K Run/Walk is 9:30AM. The Fun Run will follow the completion of the 5K event at approximately 10:30AM. The start and finish of both races will be at County Road School. RACE FEE Fun Run Free (all ages – no t-shirt – no charge for registered 5K Run/Walk competitors) 5K Run/Walk Under 10 and Seniors \$25.00 Teens & Adults \$30.00 **AGE GROUPS** 14-19 M&F 20-29 M&F 30-39 M&F 40-49 M&F 50-59 M&F **GRADE PRIZES FOR** 60+ M&F **TOP FINISHERS!** Top Overall Runner - M&F **AWARDS** Top Demarest Runner - M&F Top Walkers

DIRECTIONS

From Route 4 East or West: Rte 4 Grand Avenue Exit Englewood. Follow Grand Avenue heading north until it becomes Engle Street. Follow Engle Street until it ends at Hudson Street and turn left. At the first light, County Road, turn right. Follow County Road to Lake Street. Turn right on Lake, County Road School is on the left.

1st/2nd/3rd - CRS / LLE / DMS - M&F

REGISTRATION

You can register online (www.demarest5k.org), by mail (5 Old County Court, Demarest, NJ 07627) or day of the race up until 9:00AM at County Road School.

Demarest 5K Run/Walk Registration Form Mail to: Demarest PTO, 32 Edward Street, Demarest, NJ 07627 Please make checks payable to **DEMAREST PTO**. Deadline for mailing entries is 5/6/11.

FREE DRI-FIT TSHIRT	
WHILE SUPPLIES LAST	

1 Form Per Entry – Copy for Additional Entries.

Name			□ Male		□ Female	• A	Age	
							ON RACE DAY	
Address				£				
City			State		Zip			
Email Address								
Check Correct Entry:	□ 5K Run	☐ 5K Walker	☐ Fun Run					
Check Correct T-Shirt Size:	□Youth Med	□Youth Lg	\square Adult Sm	\square Med	\square Lg	\square XL	\square XXL	
Demarest Students Only:	\square CRS		\square DMS					
RELASE FORM: IN CONSIDERATION OF THIS EN AGAINST THE PTO OF DEMAREST, THE BUROUG BERGEN, OR THEIR REPRESENTATIVES, SUCCE PATE IN THIS EVENT AS A FOOT RACE ENTRAN HAS BEEN VERIFIED BY A LICENSED MEDICAL	GH OF DEMAREST, ITS OF SSORS OR ASSIGNEES F IT, THAT I AM PHYSICALI	FICERS AND DIRECTOR OR ANY INJURY THAT M	S, THE ORGANIZING CO AY BE SUFFERED BY ME	MMITTEE, THE E AT OR IN THE	SPONSORING OF EVENT I ATTEST	RGANIZATION AND VERIFY	IS, THE COUNTY OF THAT I WILL PARTICI-	
Your Signature	Date							
Parent Signature (If under 18	3)							

Unsigned Registration Forms Will Not Be Processed.