

ANGELS OF HOPE

6th Annual 5K Run/Walk

Sunday ~ April 17th, 2011

(Rain or Shine)



TO BENEFIT:
WOMEN'S HEALTH
AT THE



John Theurer
Cancer Center
at Hackensack University Medical Center

Location: McBride Field – Across from the Market Basket
Franklin Lakes Road, Franklin Lakes, NJ

Schedule: 8:00 AM Registration
10:00 AM 5K Run/Walk
12:00 Noon ~ Awards ~ Medals to top 3 winner in each age category
Pre & post race refreshments sponsored by the Wyckoff Delicatessen
Wyckoff, NJ.

Awards: Top 3 overall - M&F
Top 3 M&F per age group - 14 & under, 15 -19, 20-29, 30-39,
40-49, 50-59, 60-69, 70-79, 80 & over

Fees: 5K Pre-registration - \$30
USATF Members - \$28
Day of Race - \$40

Plus pledges ~ Pledges are important to help us reach our goals!

Prizes awarded to the top three individuals submitting the largest dollar amount!!

COMPLIMENTARY T-SHIRTS FOR FIRST 100 REGISTRANTS

Course: Residential area, mostly flat course with 2 slight uphill
Certified: #NJ10502JHP

Registration: *By Mail to:* Angels of Hope, 637 Wyckoff Avenue, Suite 201, Wyckoff, NJ 07481
Online at: www.aoh-nj.org
Online pre-registration ends - Tuesday, April 12, 2011.

Results by: BestRace.com



New Jersey
Grand Prix Event
500 Points

ENTRY FORM

Make checks payable to: Angels of Hope, 637 Wyckoff Avenue, Suite 201, Wyckoff, NJ 07481

Last Name: _____ First Name: _____ D/O/B: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Age: _____ M/F: _____ Walker/Runner: _____ USATF-NJ #: _____

T-shirt size Adult (only): Sm Med Lg XL

Waiver,
I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of accepting my entry, I, and anyone entitled to act on my behalf, waive and release the Borough of Franklin Lakes, Angels of Hope Foundation, all race volunteers, organizers, sponsors, their representatives, employees and successors from any claims, responsibilities and liabilities of any kind arising out of my participation in this event or carelessness of the persons named in this waiver. Further, I grant to all the foregoing the right to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature: _____ Parent Signature (if under 18): _____ Date: _____