

1st Annual



Haworth 5K RUN/WALK



SATURDAY, SEPTEMBER 25, 2010

PRESENTED BY THE HAWORTH ROAD RUNNERS ASSOCIATION, INC

PROCEEDS TO BENEFIT LOCAL HAWORTH NON-PROFITS

USATF-NJ CERTIFIED & SANCTIONED

<p>CHECK-IN LOCATION</p> <ul style="list-style-type: none"> Borough Hall 300 Haworth Ave Haworth, NJ 07641 Rain or Shine <p>COURSE</p> <ul style="list-style-type: none"> USATF Certified Timing & Scoring by Best Racing Systems Mile split times Multiple water stops <p>SCHEDULE</p> <ul style="list-style-type: none"> 8:00 am – Check-In Begins 9:30 am – 5K Run/Walk Begins 10:15 am - Fun Run 10:30 am - Awards & Raffle 	<p>AWARDS</p> <ul style="list-style-type: none"> Top Three Male and Female Finishers Overall Five Year Age Groups – 1st Three Finishers; 9 & Under to 70 & Over Top Five Male and Female Haworth Finishers <p>AMENITIES</p> <ul style="list-style-type: none"> Long Sleeve T-Shirt and Race Packet to all Pre-Registrants and while supplies last Post Race Refreshments Raffle Prizes <p>ADDITIONAL INFORMATION</p> <ul style="list-style-type: none"> Email info@haworth5k.org www.haworth5k.org for registration Call Heather Pavell at 201-314-8656
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ONLINE REGISTRATION: WWW.HAWORTH5K.ORG

HAWORTH 5K ENTRY FORM

Checks payable to: Haworth Road Runners Association Inc.

Mail To: Haworth Road Runners Association, PO Box 232, Haworth, NJ 07641 by 9.17.2010

Last Name:		First Name	
Street:			
City:		State, Zip:	
Phone:		Email:	
Sex:	M F	Age on Race Day:	DOB:

FEES

- \$20 BY 9.17.2010
- \$18 USATF Member by 9.17.10
- \$25 Race Day

2010 USATF #

Long Sleeve Shirt Size

Sm	Medium
Large	X-Large

In consideration of this entry being accepted, I hereby for heirs, executors, administrators and myself, waive any claim that I may have against the Borough of Haworth, The Haworth Road Runners Association, The Haworth Volunteer Ambulance Corps, the Haworth Police Department, or their representatives, successors or assignees for any injuries that may be suffered by me in this event. I certify that I am in physical condition for this event. I give my full permission to the HRRRA to use any photographs, videotapes or other recordings of me that are made during the course of this event in any news media.

Signature (Parent or Guardian if Under 18)

Date