

Pediatric Angel Network

Inspiring Hope and Brightening Lives

PEDIATRIC ANGEL NETWORK

1st Annual

PAN CLASSIC

5K/10K/FUN RUN

Charity Event

Saturday-June 18th, 2011

(Rain or Shine)



Help give a child with a long term illness or disability the **BEST** chance at a **HEALTHY LIFE!**

Come run with us!

Saturday June 18th, 2011

1 Giralda Farms Corporate Park

Madison, New Jersey 07940

(Approx. 2.5 miles East of Morristown Memorial Hospital on I24E)

USATF Grand Prix Event

Course slight hills, water stations,

refreshments, activities for kids)

Non-refundable pre-registration fees: \$30 5k/10k (\$28 USATF Members)

\$35 Day of Race \$15 Fun Run/Walk HS Track Team Spirit Contest- Free

Pre-registration closed after June 16th 2011

HS Track teams show your school pride by dressing up to show your school spirit! (At least 3 students must run 5k to qualify for contest)

Award to winning school!

Race results by: besttrace.com

Sponsored by:

Goryeb Children's Hospital Pfizer
Obesity Treatment Centers of New Jersey
Atlantic Health RXR Maersk, Inc.
Road ID Giovanni's Deli
Open Spaces Management
GRC Management New Balance

RUNNER'S

8AM.....Registration/Check-in

930AM....Fun Run/Walk

11AM.....5K/10K Start

Awards after run

Food, beverage, and entertainment!

Trophies for top 3 overall M&F 5k/10k

Awards for top 2 M&F per age group

14& under, 15-19, 20-29,30-39, 40-

49,50-59,60-69,70-79, 80& Over

ENTRY FORM

Last Name _____ First Name _____ D/O/B _____ Age on race day _____

Street Address _____

City _____ State _____ Zip _____ Email _____

Phone _____ 2011 USATF-NJ# _____ Male/Female _____

Race: 5k (\$30) _____ 10k (\$30) _____ FUN RUN/WALK (\$15) _____ HS TRACK SPIRIT CONTEST-5K Free _____ Same Day (\$35 10k/5k) _____

T-shirt size Adult (only): SM _____ Med _____ LG _____ XL _____ (School name _____)

Checks Payable to: "Pediatric Angel Network"

POB 213, Mendham, New Jersey 07945

View course map, directions, and register online at: www.pediatricangelnetwork.com

Waiver: I am physically able and properly trained to participate in this race. In consideration of the acceptance of this application, I, my heirs, executor, successor, and assigns do hereby acquit and forever discharge the municipalities of Madison and Chatham, Pediatric Angel Network, all race volunteers, organizers, sponsors, their representatives, employees, USATF, 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, recordings, or any other record of this event in newspaper, broadcasting or any other legitimate purpose.

Signature _____ Date _____

(Parent or Guardian if under 18)

