



Knights of Columbus
Joseph F. Lamb Council No. 5510
Oak Ridge, NJ 07438

First Annual
5K Race
June 5, 2010

Proceeds to benefit the Department for Persons with Disabilities

Schedule/ Check in:

Race Date—Saturday 6/5/2010 8:45 a.m.
Pre-registration/runner package pick-up:
Friday, 6/4/2010
7PM—8:30pm
Jefferson Township Municipal Building
1033 Weldon Rd., Lake Hopatcong NJ 07849

Race start/end: American Legion Bldg.,
Legion Road, Milton, NJ
Registration: 7AM—8:30AM

Medals to top 3 male and female finishers:

15-19	50-59
20-29	60-69
30-39	70+
40-49	

Race T-shirts for participants while supplies last

Fee Schedule:

\$25.00 pre-registration
\$30.00 day of race

Make registration check payable to:

Kof C Council # 5510
Download this form: www.bestrace.com
Mail to: Knights of Columbus, Council No. 5510,
P.O. Box 2624, Oak Ridge, NJ 07438

Questions: Mike Murphy (908) 208-5190

USATF Certified Course No. NJ10517JHP
Restroom facilities available

In consideration of your acceptance in the Knights of Columbus 5K run, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administration, waive and release any and all rights and claims for damages, and hold harmless, the presenting organization, (Knights of Columbus Council No. 5510) and any sponsoring organizations, and any co-sponsors, their representatives, successors, agents, servants or employees, and assignees for any and all injuries suffered by me in said run. I recognize that I must be in good health and of sufficient training and experience in order to successfully compete in this event, and I certify that I am in good physical condition for this event. I understand that if the event cannot be held due to an act of God, or circumstances beyond control, the organizer is not liable to refund any money paid by me to participate. I hereby grant permission to the Knights of Columbus Council No. 5510 to use photos that may include me for promotion and publicity. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Signature _____ Date: _____

Parent/Guardian (if under 18) _____

Please Complete the following:

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** ___ **Zip:** ___

Email: _____

Phone: _____

Age on 6/5/10 _____

Date Of Birth M/D/YR _____

Circle: M F Shirt Size: S M L XL XXL

Total \$ _____