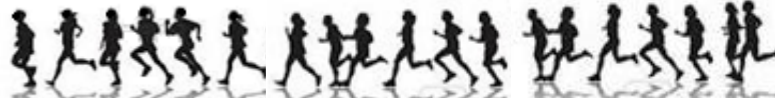


Watchung Hills Regional Municipal Alliance

2014 Certified 5K Run and 1 Mile Fitness Walk



WHRMA is a volunteer organization concerned about the consequences of DRUG & ALCOHOL ABUSE in our communities of: Warren Township, Watchung Borough, Long Hill Township, & Green Brook Township.



STATE OF NEW JERSEY
GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

DATE: SUNDAY	LOCATION:	ENTRY FEE:
OCTOBER 19	WATCHUNG LAKE	Received Before Sept 30th - T-shirt
Registration 8:00 am.	Mobus Field -Brookdale Road	• \$20.00 run \$12.00 walk
Race Start: 9:00 am.	Watchung, NJ	Received After Sept 30 th - NO T-shirt
		• \$25.00 run \$15.00 walk

5K Prize Categories				
Medals First, Second & Third Place Winners				Prizes
Women		Men		
15-19	40-49	15-19	40-49	Overall Male and Female Adult Winners \$50.00 gift certificate & medal
20-29	50-59	20-29	50-59	
30-39	60 & Over	30-39	60 & Over	

MAKE CHECKS PAYABLE TO: WHRMA - Watchung Hills Regional Municipal Alliance
MAIL CHECKS AND APPLICATION TO: WHRMA 108 STIRLING RD., WARREN, NJ 07059
 Questions call : Carolyn Seracka 732-968-1051 ext. 3 or Jack Walsh 908-561-8883
 Online registration at www.bestrace.com (scroll down to Oct 19th races)

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THE WATCHUNG HILL REGIONAL MUNICIPAL ALLIANCE 2014—5K RUN OR 1 MILE WALK REGISTRATION APPLICATION

Last Name		First Name	
E-MAIL Address			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			Age on Oct. 19th
City/Town		State	Zip Code
Home #	Cell #		Birthdate
Activity: <input type="checkbox"/> Runner <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Donation			
Long Sleeve T-Shirt size (adult) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra large			

Acceptance declaration:

- I hereby acknowledge for myself and/or my participating child, that I, my child's or mine/their heirs, executors and administrators waive and release any claims that may arise against The Watchung Hills Municipal Alliance and Watchung Hills Regional High School or their representatives or volunteers, successors or assignees for any injuries that may be suffered by me or by my child during this event.
- I further certify that I and/or my child are physically able to participate in this event.
- I further authorize the use of my name/photo or my child's name/photo for event publicity.

Signature: _____ **Date:** _____

Signature (Parent/Guardian signature if under 18)