

**Directions to the  
5k Stampede through Clifton  
(Clifton Municipal Complex)**

**From East:** Route 3 West to Broad St. Exit. Bear right on exit ramp. At light make left onto Clifton Avenue. Go 1 mile to Van Houten Avenue. Make left and then right into Municipal Complex.

**From West:** Route 80 East to Route 46 East. Proceed to Route 3 East. Go ½ mile. Exit at Broad Street. Make left at exit ramp light. Go 1-¼ miles to Van Houten Avenue. At light (with Adam's Bagel and Deli on corner) make right onto Van Houten Ave. Go ½ mile. Complex is on left.

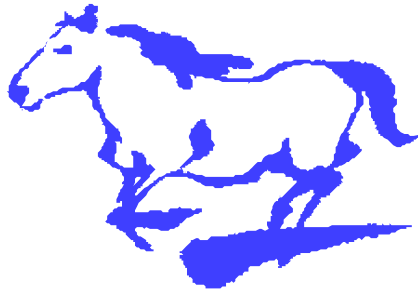
**From North:** Garden State Pkwy South to exit 154 Grove Street. Stay right on ramp. Make left onto Grove Street. Go ½ mile and make left onto Van Houten. Go 1 mile Municipal Complex is on left.

**From South:** Garden State Pkwy North to exit 154 Route 46 East. Take 1<sup>st</sup> exit (Paulison Avenue). Make left. Go ½ mile. At light make right onto Clifton Avenue. Make right at next light (Colfax Avenue). Municipal Complex is on left.

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**14<sup>th</sup> Annual  
5k Stampede  
through Clifton  
and Health Walk**

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**Sunday, November 20, 2011  
Start Time 9:00 AM  
Clifton Municipal Complex  
Clifton, New Jersey**

Presented by the Clifton Recreation  
Department



**Clifton Recreation Department  
5k Stampede through Clifton  
900 Clifton Avenue  
Clifton, New Jersey 07013**

Referrer: \_\_\_\_\_

**14<sup>th</sup> Annual  
5k Stampede through Clifton  
5k Race and Health Walk  
Sunday, November 20, 2011  
9:00 AM**

**Race Location & Packet Pick-up**

Clifton City Hall Complex  
Lester Herrschaft Center  
for Seniors & Citizens with Disabilities  
900 Clifton Avenue  
Clifton, New Jersey 07013

**Registration**

\$15.00 postmarked by 11/15/2011  
(\$10.00 for youth with valid Student ID)  
\$20.00 after 11/16/2011 and day of race  
(\$15.00 for youth with valid Student ID)

All individuals that participated in the 2010 Stampede can receive a \$5.00 discount on this year's race, by registering a friend (who did not compete in 2010). In order to receive the discount, you and your friend must register at the same time.

Maximum discount = 3 friends

Please make checks payable to:  
***Clifton Recreation***

Mail checks and entries to:  
**Clifton Recreation Department  
900 Clifton Avenue  
Clifton, NJ 07013**



|                                 |         |
|---------------------------------|---------|
| <b>Event Schedule</b>           |         |
| Race Day Registration Starts at | 7:30 AM |
| 5km Run / Health Walk           | 9:00 AM |

**Age Categories for Race**

|              |         |
|--------------|---------|
| 10 and under | 40 – 49 |
| 11 – 14      | 50 – 59 |
| 15 – 19      | 60 – 69 |
| 20 – 29      | 70 – 99 |
| 30 – 39      |         |

\* No duplicate awards

**Awards**

Top Overall Male and Female

Top three Male & Female in each Age Category

Additional Awards: 1<sup>st</sup> place - Police Officer, Firefighter, Doctor/Chiropractor, Educator and Family. Individuals with Disabilities will receive special recognition at the awards presentation after the race. Please check the appropriate box, for the above categories, when completing the application. Additional recognition will be made for the oldest and youngest participants and the health facility with the most referred participants. (Include name of referring health facility in the space provided)

After the race there will be a raffle for great prizes. Visit the various booths of health professionals as you enjoy some healthy snacks.

**T-Shirts**

All participants whose application is postmarked by October 28 will be guaranteed a T-Shirt.

**Race Hotline**

**Debbie Oliver (973) 470-5956**



**14<sup>TH</sup> ANNUAL 5K STAMPEDE THROUGH CLIFTON — NOVEMBER 20, 2011**

|                |   |           |     |       |   |               |   |        |     |      |     |       |     |      |     |  |       |  |  |  |            |   |   |   |   |  |
|----------------|---|-----------|-----|-------|---|---------------|---|--------|-----|------|-----|-------|-----|------|-----|--|-------|--|--|--|------------|---|---|---|---|--|
| LAST NAME      | [ ] |           |     |       |   |               |   |        |     |      |     |       |     |      |     |  |       |  |  |  | FIRST NAME | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   |   |   |  |
| STREET ADDRESS | [ ] |           |     |       |   |               |   |        |     |      |     |       |     |      |     |  |       |  |  |  | RUNNER     | [ ]   | WALKER  | [ ]   |   |  |
| CITY/TOWN      | [ ] |           |     |       |   |               |   |        |     |      |     |       |     |      |     |  |       |  |  |  | STATE      | [ ]   | ZIP CODE  | [ ] |   |  |
| RACE DAY AGE   | [ ] [ ]   | SEX [M/F] | [ ] | PHONE | [ ] | DATE OF BIRTH | [ ] | POLICE | [ ] | FIRE | [ ] | MD/DC | [ ] | EDU. | [ ] | SP. NEED                                     | [ ]   |  |  |  |            |   |   |   |   |  |
| SIGNATURE      | _____   |           |     |       |   |               |   |        |     |      |     |       |     |      |     | (PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS) | _____ |  |  |  |            | DATE  | [ ] | T-SHIRT SIZE  | [ ] |  |

In consideration of your accepting this entry, I the above intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Clifton Recreation Department, the Race officials, sponsors, City of Clifton and their representatives, successors and assigns for any and for all injuries suffered by me in the said event. In addition, none of the above is responsible for the loss of neither personal items nor any other form of aggravation in connection with the said event. I attest and verify that I will participate in this event, that I am physically fit and have sufficiently trained for this event. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recording or any other record of this event for legitimate purpose.