5K Mary **Therese Rose Run**

Saturday May 10, 2014

Darlington Park Recreation Area 600 Darlington Ave., Mahwah, NJ



Benefiting disabled children through

the mary therese rose fund



5K Fees:

\$20 Early Registration (if postmarked by 4/15) \$30 (after April 15 until race day - May 10th) \$15 Youth entry (through race day, May 10th (must be 7-18 years old to qualify) 2014 USATF-NJ Athletes save \$3 (if postmarked by May 1st)

Event Schedule

8:30am – 9:45am Goodie Bag, bib#

& chip pickup

9:30am-12:30pm Vendor Fair

10:00am 5K Run/Walk start

11:00am Mary's Mile

(for children 12 and under)

11:30am **Awards**

Awards For:

- Top 3 overall male and female 5K winners
- Top 3 largest teams (Teams must be comprised of 5+ runners/walkers)
- Over 60 Individual Age Group Medals 7 Yrs through 80+ (10 Yr Age Groups for 5K)
- ALL 5K Runner/ Walkers receive T-shirt & Goody Bag while supplies last

Chip timing provided by **Tri-State Timing**



500 Points

Online registration: www.MaryThereseRose.org

Many Thanks to Our **Event Sponsors**













Glen Rock
Savings Bank





Scan this code with your smart phone to apply online





the mary

Prizes, Food, Awards

Featuring Mary's Mile







Reclaiming the Joys of Childhood

Each year, the Mary Therese Rose Fund helps disabled children "reclaim the joys of childhood" that may otherwise be denied to them due to their particular limitations.

The MTR Fund - named for Mary Therese Rose Crilly - helps special needs children enjoy the same kind of joyful,



active life that Mary enjoyed despite her limitations.The fund pays for expenses like hearing aids, walkers and wheel chairs not covered by most insurance. It also supports fun activities such as therapeutic horseback riding.

Each year, the Mary Therese Rose fund sponsors events like the annual 5k Run to

raise the funds that support this important cause. Find out more about the MTR Fund and all of our upcoming events at www.MaryThereseRose.org.

Mary Therese Rose Run Registration

to register online go to: www.MaryThereseRose.org

Single Entry Per Form		PLEASE) to The Mary Th
Participating In: 5K Run/Walk Mary's Mile_	Bib #	Walk Name:
Participant Information: MaleFemale		Team Name
Age on Race Day Birth date///	Shirt Size (circle one) S M L XL	Walk Location:
Last Name	First Name	My Fundraising Goal:
Street City	State Zi	Contributor pName
PhoneE	mail	1
2014 USATF-NJ# G		2
	Employer 4	
Company/Business Name (if applicable)		4
		3
Team Name (if applicable)		6 <u> </u>
Enclosed Payment: 5K Walk/Run \$	Mary's Mile FREE for children 12 and under Checks paya	
(check one): Credit: Visa MC Cash C	RF: 5K Run/	e Rose Fund
Card #	Card Exp Date / /	10
In Consideration of your acceptance in the Mary The hereby, for myself, my heirs, executors and administrati	on, waive and release any and all rights and claims for	damages, and 11
hold harmless, any sponsoring organization (the Mar County Park, The County of Bergen and its' Township ees, agents, successors, servants and assignees for a	of Mahwah, and co-sponsors, their representatives, of	ficials, employ- 12
be in good health and of sufficient training and experience participate in and successfully compete in this event ha	ence in order to participate, and state furthermore, the	at my ability to 12
tant. I hereby grant permission to Main Street Marketir include myself for promotion and publicity; and unders	g & Events or the Mary Therese Rose Fund to use p tand that if the Run cannot be held due to an act of (hotos that may God or circum- 14
stances beyond control, the Mary Therese Rose Run e my signature, I acknowledge that I have read and acce	vent is not liable to refund any money paid by me to po ot these terms under which my entry is made.	articipate. With 15
Participant Signature	Date	Subtotal:
i distroparit digridiare	Date	Matching Gift:
Parent or Guardian Signature	Date	Total:
(required if participant is under 18)		Office Use Only:

Contribution Form

You may return this form with your donation on Walk Day! Remember, please make checks payable (NO CASH nerese Rose Fund.

	Team Name					
	Wa	Walk Location:				
	Му	My Fundraising Goal:				
		Contributor Name	Check #	Amt Received		
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
Subtotal:						
Matching Gift:						
Total:						
		Office Use Only:				