

1st Annual Shine Like Stars 5K Run & 1 Mile Walk Saturday November 8, 2014 9:00am RAIN OR SHINE



Registration begins at 8:00am
202 E. Mantua Ave.
Wenonah, NJ 08090

* All proceeds benefit the mission of service
and hope of Memorial Presbyterian Church

Memorial Presbyterian Church
Wenonah, New Jersey
Phone 856-468-5121
www.wenonahpc.org

Race Highlights

- **T-Shirts or pint glasses** for the first 150 people
- **Trophies** to overall male and female winners.
- **Post Race refreshments** including bagels, fruit and more.
- **Awards** to top finishers in the following age categories:

13 & under, 14 to 19, 20 to 29, 30 to 39,
40 to 49, 50 to 59, 60 and over, Masters

Race Details

The race is on local roads in Wenonah NJ.
The course is 5 kilometers (3.1 miles)
long. A one mile walking course included.

Directions to Race Start:

202 E. Mantua Ave. Wenonah, NJ 08090

Registration

- Pre-registration is strongly encouraged.
Please use the form enclosed. Copy as
needed for additional entrants.
- Entry Fee \$20 by Oct. 15 includes T-shirt
\$25 after October 15
- Make checks payable to: Memorial
Presbyterian Church and mail to:
Memorial Presbyterian Church
202 E. Mantua Ave., Wenonah, NJ. 08090

First Annual 5K Run and Walk Race Registration

Fee: \$20 by Oct. 15
after Oct. 15 - \$25

T-shirts or pint glasses while supplies last

Make checks payable to: Memorial Presbyterian.

Mail to: MPC
202 E. Mantua Ave
Wenonah, NJ 08090

Name _____

Address _____

City _____

State _____

Zip _____

Daytime Phone _____

Home Phone _____

Email Address _____

Age _____

Birth Date _____

Sex: M/F _____

T-Shirt Size _____

Release and Waiver-All entrants must sign! In consideration of accepting this entry, and the granting of the right to participate in this event I, the undersigned, intending to be legally bound, herby, for myself, my heirs, personal representative, successors, and assigns, waive and release any and all claims for losses and damages I may have against Memorial Presbyterian Church or Wenonah, NJ, sponsors, event committee volunteers and any other person whomsoever for any and all injuries, illness, including death, that may result from my participation in said event, I represent and affirm that I am in proper physical condition to participate in this event, and verified by a licensed physician, and have sufficiently trained for the completion of this event. The undersigned has read and voluntarily signed this release and waiver.

Signature (Parent/guardian's if under 18) _____ Date _____