



## ERIN'S GIFT OF HOPE

*The gift of peace and service*

### ***RICHIE'S RUN*** 5K RUN/WALK

APRIL 13, 2013 @ 9:00am (check-in begins at 8:00am)  
Earle Owens Memorial Field, Williamstown, NJ 08094

**Entry Fees:** Pre-registration (before April 6, 2013) - \$25.00 for first participant, \$20.00 for each additional family member – includes free t-shirt.  
Day of race - \$30.00 for first participant, \$25.00 for each additional family member. (T-shirt available only while supplies last.)

**Awards:** Top three M/F participants to receive medals in the following age groups: 14 and under, 15 – 21, 22 – 45, 45 – 60, 60+

Please come out and enjoy a day of fun and fitness with us while supporting our 2013 mission team. This year, Erin's Gift will be working to help rebuild the Jersey shore after Super Storm Sandy.

Make checks payable to: *Erin's Gift of Hope*

Mail registration form and payment to: J McFall, 10 Marni Ct, Sewell, NJ 08080

For information call: 856-885-0307 or email: [erinsgift5k@yahoo.com](mailto:erinsgift5k@yahoo.com)

| ERIN'S GIFT OF HOPE |

| 520 Grant Avenue, Pitman, NJ08071|856-582-7890| | [www.erinsgift.com](http://www.erinsgift.com) |

Federal non-profit tax ID #20-8419993 |New Jersey non-profit tax ID #0100975253



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April 13, 2013 @ 9:00am

Earle Owens Memorial Field, Williamstown, NJ

#### REGISTRATION FORM

Name: \_\_\_\_\_

Circle one: 5K Run      1 Mile Run / Walk      Kid Fun Course

Age: \_\_\_\_\_ (on day of race)    Male / Female \_\_\_\_\_

T-shirt size: YOUTH    S    M    L  
ADULT    S    M    L    XL    XXL

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Running for: \_\_\_\_\_

I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this event. Having read this waiver and knowing these facts and in consideration of accepting my entry, I and anyone entitled to act on my behalf, waive and release Erin's Gift of Hope organization, all race volunteers and all sponsors, their representatives, employees and successors from any claims and liabilities of any kind arising out of my participation in this event or carelessness of the persons named in the waiver. Further, I grant to all of the foregoing the right to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

\_\_\_\_\_  
Signature (If under 18, parent / guardian must sign)

\_\_\_\_\_  
Date



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#### SPONSOR FORM

**Donation: \$\_\_\_\_\_ (fill in amount)**

**Please make your check payable to:**

**Erin's Gift of Hope**

Name/Company Name, as you want your listing to appear in promotional material:

Mailing Address (Street/P.O. Box, Town, Zip): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Your contribution of \$100 will be acknowledged on T-shirts provided to runners, on the Erin's Gift of Hope website and on other event-related print material.**

Please return this form with your contribution to:

**Erin's Gift of Hope**

**c/o J McFall**

**10 Marni Ct**

**Sewell, NJ 08080**

[erinsgift.com](http://erinsgift.com)

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