



5K Run / 2K Health Walk

**Saturday, May 6, 2017**

**Featuring Strides for Stroke T-shirt, Food & Drink, Kids' Sprints, DJ**

**Race starts at: 7:30 am**

**RWJ Hamilton**

**One Hamilton Health Place, Hamilton, NJ**

Presented by



**Robert Wood Johnson University Hospital  
Hamilton** | **RWJ Barnabas  
HEALTH**  
Foundation

**5K Course is USATF certified 5K fast course on  
traffic-free road and through scenic Veteran's Park.  
USATF-NJ 2017 Grand Prix event.**

**Results by Compuscore.com**

**Register Online at**

**<https://runsignup.com/stridesforstroke>**

Please complete and return to: RWJ Hamilton Foundation  
Attn: Strides for Stroke  
One Hamilton Health Place, Hamilton, NJ 08690

Please make checks payable to: RWJ Hamilton Foundation

**Schedule (Rain or Shine):**

Registration	7:30 am
2K Walk	9:00 am
5K Run	9:30 am
Kids' Sprints	10:30 am
Awards	10:45 am

**Entry Fees: (check one)**

☐ 5K Run ☐ 2K Walk ☐ Kids' Sprints

Check One

- |   |      |  |      |
|---|------|--|------|
| <input type="checkbox"/> Adult Before 4/24            | \$30 | <input type="checkbox"/> Kids 12 and Under | \$15 |
| <input type="checkbox"/> USATF Before 4/24            | \$27 | <input type="checkbox"/> Kids' Sprints     | \$10 |
| <input type="checkbox"/> All Adult Entries after 4/24 | \$33 |  |      |

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: M or F (please circle) Age on Race Day: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2017 USATF-NJ # (if applicable) \_\_\_\_\_

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

I hereby for myself, my heirs, executors, administrators of legal representatives and successors, release and forever discharge the race officials, RWJ Hamilton, RWJ Hamilton Foundation, Hamilton Township, volunteers and all participating sponsors from any claims, demands, suits or actions for any injuries or damages I may sustain as a result of participation in this event. I certify that I am in good physical condition for this event.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian in Participant is under 18:

\_\_\_\_\_ Date: \_\_\_\_\_

Credit Card:

☐ American Express ☐ VISA ☐ Mastercard ☐ Discover

Name on Credit Card: \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

Expiration Date on Card: \_\_\_\_\_

CSV: \_\_\_\_\_

Signature: \_\_\_\_\_

**Adult Shirt Size:**

☐ Small ☐ Medium ☐ Large ☐ X-Large

**Youth Shirt Size:**

☐ Small ☐ Medium ☐ Large ☐ X-Large

**Awards (5K):**

1st, 2nd, 3rd Overall (M/F)  
Age Groups 14 & Under to 85 & Over (M/F)

**For questions, contact the Foundation at 609-249-7527 or [fdn@rwjbh.org](mailto:fdn@rwjbh.org).  
Proceeds benefit the award-winning Stroke Program at RWJ Hamilton.**