

31st A N N U A L
CITY OF CAMDEN STREET RUN

IN MEMORY OF
RICHARD FELICIONE

5K RUN & WALK ALONG THE SCENIC CAMDEN WATERFRONT
Start & Finish at the Susquehanna Bank Center All Indoor Facilities
Run by Campbell's Field – Battleship New Jersey – Adventure Aquarium – Ben Franklin Bridge



Saturday, December 7, 2013
10:00 a.m. Start Time
"Rain or Shine"



Site Entry: Susquehanna Bank Center -Main Lobby, 1 Harbor Blvd., Camden, NJ

Packet Pick-Up – Late Race Day Entry Opens: 9:00 a.m.



Registration Fee: Pre-Registration 5K Run: \$20 Day of Event: \$25 1 Mile Walk: \$10

AWARDS

- 1st, 2nd, & 3rd Males & Females Overall:
- Males & Females: Top ~ City of Camden Residents ~ Top City of Camden Employees
Top County Employees ~ Top Law Enforcement ~ Top Fireperson

Age Groups – Top Males & Females : 14 & under, 15-19, 20- 29, 30-39, 40-49, 50-59, 60-69, 70+

AMENITIES:

* Long-Sleeved Shirts (while supplies last), Award Ceremony inside the Susquehanna Bank Center, Refreshments and Give-a-ways

Checks Payable To: City of Camden Street Run 2013

Mail To: Department of Human Services, P.O. Box 95120, Camden, NJ 08101

Mail checks no later than. November 20, 2013 [Register online at www.tnteventmanagement.com](http://www.tnteventmanagement.com)

----- - Cut here. Detach and return bottom portion only -----

2013 Street Run Entry Form Race Day Age: _____ Gender: ☐ Male ☐ Female

My Event: ☐ 5K Run ☐ 5K Walk T- Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Race
Number:

My Race Division (MUST (✓) Check 1 Only): No Award Duplications

☐ Open Age Group ☐ City of Camden Resident ☐ County Employee ☐ City of Camden Employee ☐ Law Enforcement ☐ Fireperson

First Name:	Last Name:		
Street/ Apt:	City:	State:	Zip:
Phone:	Email:		

ALL ENTRANTS MUST SIGN! IN CONSIDERATION FOR ACCEPTING THIS ENTRY, AND THE GRANTING OF THE RIGHT TO PARTICIPATE IN THIS EVENT, I, THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND, HEREBY, FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVE, SUCCESSORS, AND ASSIGNEES, WAIVE AND RELEASE ANY AND ALL CLAIMS FOR LOSSES AND DAMAGES I MAY HAVE AGAINST THE CITY OF CAMDEN, ITS 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 must sign if entrant is under 18)

Date _____