

**3rd Annual
WEST DEPTFORD
JUNIOR WOMEN'S CLUB 5K
5K run & 1 mile Halloween Family Fun Walk**

Trick or Treating for kids in costume along 1 mile walk

Saturday, October 26th, 2013 at 8:30 am
Walk starts at 9:15 am

RiverWinds Community Complex
Race Registration at Pavilion behind Hockey Courts
(For information/ Directions contact Jody Hauck: jodyhauck1997@gmail.com)
Online Registration available at www.tnteventmanagement.com/events.html

REGISTRATION INFORMATION

- \$ 15 PRE-REGISTRATION FOR ALL 5K ENTRIES POSTMARKED BY October 12, 2013
- \$ 10 PRE-REGISTRATION FOR ALL HALLOWEEN FAMILY FUN WALK

- \$ 20 Race Day registration for 5K- Registration starts at 7:30 am
- \$ 15 for Race Day Halloween Family Fun Walk

Make checks payable to "WDJWC"

Send this completed form and check to: Jody Hauck
29 St. Regis Drive
West Deptford, NJ 08096

AWARDS

- Trophies will be awarded to the top male and female overall finishers.
- Medallions will be awarded to the top three male and female finishers in the following categories: 14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+ * **No duplicate Awards***
- **Award for Best 5K Participant Costume**

AMENITIES

- T-shirts (guaranteed to all pre-registered & while supplies last day of event)
- Awards Ceremony and Refreshments

Timing and Event Management provided by TNT Event Management

WD Junior Women's Club 5K Release Form (Mandatory)

In consideration of accepting this entry, I, the undersigned, assume full responsibility for any injury or accident which may occur during the event or while I am on the premises of the event. I hereby release and hold harmless the Township of West Deptford, sponsors and race supervisory personnel. I verify that I am physically fit and have sufficiently trained for this running event and a licensed medical doctor has verified my physical condition. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, and record of this event.

NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Signature (Parent or Guardian if under 18)

Email Address