

2009 BH5K Registration:

(check one): 5K Run 1.5 Mi. Walk

(this form may be reproduced)

Last Name:

First Name:

Address:

City/Town:

Zip Code:

Date of Birth:

Phone:

Age on Sept 20, 2009:

Shirt Size (please circle): **S M L XL**

Sex: M F

Fees: Paid by 9/10/09: \$20 General Public \$18 USATF-NJ Member
Paid after 9/10/09 -or- on day of the race (no guarantee of t-shirt): \$22

2009 USATF-NJ Member #:

In consideration of this entry being accepted, I hereby for myself, heirs, executors, and administrators waive and release any claims that I may have against Smith Chiropractic Center and the Township of Berkeley Heights or their representatives, successors or assignees for any injuries that may be suffered by me in this event. I certify that I am in physical condition for this event, and I further authorize the use of my name and/or photograph in conjunction with publicity about this event.

X _____

Signature Required

X _____

(Parent or Guardian if applicant is under 18 years)

Please mail registration with payment to:

**Berkeley Heights 5K Run
134 Snyder Avenue
Berkeley Heights, NJ 07922**

**Checks payable to:
Berkeley Heights 5K Run**