Registration **(Check one): 5K Run 1.5 Mi. Walk** **2010 BH5K** (This form may be reproduced.)

Last Name

First Name

Address

City/Town **State** **Zip**

Phone (_____)_____Shirt Size: S M L XL

Age on Sep. 20, 2010 ☐☐ **Sex: M F**

Date of Birth ☐☐ ☐☐ ☐☐ **E-Mail**_____

(Please provide e-mail so that we may better serve you)

Fees

Paid By 9/9/10: **$20** General Public **$18** USATF-NJ Member. After 9/9/10 *-or-* on day of the race (no guarantee of t-shirt): **$23**

2010 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.

✕_____ ✕_____

Signature required (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

Info? www.BerkeleyHeights5K.com