

**Registration** (Check one):  5K Run  1.5 Mi. Walk

**2016 BH5K** Charity road race & fitness walk (form may be reproduced.)

**Last Name**

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**First Name**

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**City/Town**

**State**

**Zip**

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**Phone** (      ) \_\_\_\_\_

**Shirt Size:** S M L XL

**Age on Sept. 18, 2016**

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**Sex:** M  F

**Date of Birth**

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**E-Mail** \_\_\_\_\_

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

**Fees**

Paid By 9/8/16: **\$23** General Public  **\$20** USATF-NJ Member

After 9/8/16 or on day of race(no guarantee of t-shirt/Bag):**\$25 All**

**2016 USATF-NJ Member #**

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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 Charity Road Race & Fitness Walk**  
134 Snyder Avenue  
Berkeley Heights, NJ 07922

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

Info? [www.BerkeleyHeights5K.com](http://www.BerkeleyHeights5K.com)