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

2017 BH5K **Charity road race & fitness walk** (form may be reproduced.)

Last Name

First Name

Address

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

Phone (____)_____ **Shirt Size: S M L XL**

Age on Sept. 17, 2017 __ **Sex: M ☐ F ☐**

Date of Birth _____ **E-Mail_____**

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

Fees

Paid By 9/7/17: **$23** General Public ☐ **$20** USATF-NJ Member ☐

After 9/7/17 *or* on day of race (no guarantee of t-shirt/Bag):**$25 All** ☐

2017 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/Foundation 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