

Gloucester Township Scholarship Committee 20th Annual

5K Run

One Mile Fun Run/Walk

Saturday April 9, 2016

Gloucester Township Municipal Building
Senior Center
1261 Chews Landing Road, Gloucester Township



Registration 8:30 am
One Mile Fun Run 9:00 am
5k Race 9:30 am



Registration

\$20 - 5K Run (must be received by April 7th)
\$25 - 5K Run after April 7th and race day
\$10 - 1 Mile Fun Run
Register online @ www.linmarksports.com

Courses

5K Run- Neighborhood course, flat and fast, Police monitored
1 Mile Fun Run/Walk- Start and finish at Veteran's Memorial Park

Age Groups

12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

Amenities

Refreshments, Indoor Facilities, Group Stretch, and Music

Awards

Each participant will receive a t-shirt and awards will be presented to:
Overall Male/Female
1st Parent/Child Duo
1st Gloucester Township Resident
1st Male Clydesdale
1st Female Athena
Top 3 finishers per age group

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Gender _____ Race Day Age: _____

Event Entered 5k Race 1 Mile Fun Run/Walk
 Parent/ Child Duo Male Clydesdale 195+lbs
 Female Athena 150+lbs

Make checks payable and return to:
GTDCS 5K Run
c/o Lin-Mark Computer Sports-GTS
7 Westwood Drive
Mantua, NJ 08051

Waiver & Release

In consideration for accepting this entry, and the granting of the right to participate in this event, I the undersign, intending to be legally bound, hereby, for myself, my heirs, personal representative, successors, and assignees, waive and release any and all claims for losses and damages I may have against Gloucester Township Scholarship Committee, partners, officers, directors, and employees, Township of Gloucester, Lin-Mark Computer Sports. All representatives, successors, and assignee and/or any other person whomsoever for any and all injuries, illness, including death, that may result from my participation in said event. I represent and affirm that I am in proper physical condition to participate in this event, and verified by a licensed physician, and have sufficiently trained for the completion of this event.

Signature

Date