# COLLINGSWOOD HIGH SCHOOL ATHLETIC HALL OF FAME



## 5K RUN / 1M WALK

SATURDAY, APRIL 22, 2017

# KNIGHT PARK (loops) Race start time 8:30am

(for questions or additional info please contact Stephanie LaMaina at sdl823lax@yahoo.com)

### **Registration Information:**

Pre-registration via mail NLT April 8, 2017: \$20 adults / \$10 students K-12 Or Register Online at <a href="https://www.runsignup.com/collingswoodhof5k">www.runsignup.com/collingswoodhof5k</a> Race day registration starting at 7:30am: \$25 all

Please submit completed attached registration form & checks for all participants to:

#### **Collingswood Athletic Hall of Fame** PO Box 512

Collingswood, NJ 08108

(checks payable to "Collingswood Athletic HOF")

## Awards:

Trophies to top female & male run finishers. Medals to top 3 female and male age group run finishers. (14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+)

Post race refreshments.

Event T-shirts for all pre-registered participants & others while supplies last. -detach here-

#### 2017 CAHOF 5K Run / 1M Walk Registration Form

In consideration of accepting this entry, I, the undersigned, assume full responsibility for any injury or accident which may occur during the event or while I am on the premises of the event. I hereby release and hold harmless the Collingswood High School Athletic Hall of Fame, sponsors and race supervisory personnel. I verify that I am physically fit and have sufficiently trained for this run/walk event and a licensed doctor has verified my physical condition. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, and records of this event.

NAME:		GENDER:	AGE (on rac	AGE (on race day):	
ADDRESS:		CITY:	STATE:	ZIP:	
EMAIL:	PHONE:		DOLLAR AMT ATTA	CHED: \$	
<u>WALK</u> or <u>RUN</u> (must circle one)	T-Shirt Size: S, M, L, XL (circle one)				
SIGNATURE:	(parent if under age)				