

REGISTRATIONS & FEES:

- Register online at www.Active.com
- 5:30 to 7 p.m. - Day of Race
- Pre-Entry Fee: \$15; \$13 for 2001 valid USATF-NJ members (pre-entries only)
- Day of the Race Fee: \$18

AMENITIES:

- Specially designed T-shirts, post-race refreshments
- Computerized timing and scoring by Compuscore
- Finish line and course by Baldasari & Leestma
- Discount running apparel expo
- Nationally Certified Massage Therapists on site
- Postcard results mailed to all finishers

AWARDS:

- Prize money to top 3 overall men & women
- FIRST: \$100
 - SECOND: \$75
 - THIRD: \$50
 - Merchandise Prizes to top 3 men and women in each age group

TEAM COMPETITION:

Prizes to the top 3 male & female teams in each category:

- High School
- Corporate/Open

Teams should be preregistered. (No Extra Fee.) Limited race day entries will be accepted. Entries must be mailed together. Unlimited membership, but must have 3 finishes to score. Best 3 times of team are scored.

COURSE:

USATF certified 5K fast course on traffic-free road and through scenic Veterans' Park.

For more information, call
Larry Baldasari at 609-890-8343
(e-mail: LARSURF@aol.com)

10th Annual ServiceMaster 5K RUN and Team Challenge

USATF-NJ 2001 Grand Prix Event

Coordinated by Baldasari-Leestma Race Management

This year introducing the 2K Fun Walk!
Thursday, July 12, 2001 — 7:30 p.m.

(rain or shine)

Robert Wood Johnson University Hospital at Hamilton
One Hamilton Health Place, Hamilton, New Jersey

All Proceeds Benefit:

ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL
HAMILTON

The Cancer
Institute of
New Jersey
"HAMILTON"
RESEARCH • TREATMENT
PREVENTION • EDUCATION

For directions, visit us on our website at:
www.rwjhamilton.org



New Jersey
Grand Prix Event

500 points

2K Fun Walk

Pre-entry \$15. Day of Race \$18.
Walk starts at 6:30 p.m. Call
Janice Miller in the Foundation
Office at (609) 584-6581
for sponsorship forms.

ENTRY FORM - Please print legibly and fill in all items. You must sign this release.

Send entry and fee, payable to: Robert Wood at Hamilton Foundation, C/O Larry Baldasari, 3448 Nottingham Way, Hamilton Sq, NJ 08690

Check one: 5K Run
 2K Fun Walk

Age Category	T-shirt size	2001 USATF-NJ #
13 & under <input type="checkbox"/>	20 - 29 <input type="checkbox"/> 40 - 49 <input type="checkbox"/> 60 - 69 <input type="checkbox"/>	_____
14 - 19 <input type="checkbox"/>	30 - 39 <input type="checkbox"/> 50 - 59 <input type="checkbox"/> 70 + <input type="checkbox"/>	
		<i>Grand Prix Competitor</i>

Name: _____ Age on 7-12-01: _____ Date of Birth: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip Code: _____

Team: (If applicable) _____ Team Division: _____ H.S. _____ Corporate/Open

I hereby for myself, my heirs, executors, administrators of legal representatives and successors, release and forever discharge the race officials, Robert Wood Johnson University Hospital at Hamilton, ServiceMaster, Hamilton Township, volunteers, and all participating sponsors from any claims, demands, suits or actions for injuries or damages I may sustain as a result of my participation in this event. I certify that I am in good physical condition for this event.

Signature, if under 18, signature of parent or guardian: _____ Date: _____