COURSE

USATF-NJ certified. Mostly flat course with gentle hills along scenic park roads and reservoir.

AMENITIES

Free t-shirt to all 5K and 2-Mile Walk participants.
Bagels, juice, bananas, and water.
Pre- and post-race massages.

PRE-REGISTRATION & PACKET PICK-UP

SBATSR Office, 84 Park Avenue, Flemington, NJ
Thursday, May 3 - 9 a.m. to 5 p.m.
Friday, May 4 - 9 a.m. to 5 p.m.
Saturday, May 5 - 8 a.m. to 12 p.m.

RACE DAY REGISTRATION

5K Race and 2-Mile Walk - 8:30 a.m. to 10 a.m.
Fun Run - 8:30 a.m. to 11 a.m.

RACE SCHEDULE

5K Race - 10 a.m. sharp
2-Mile Fitness Walk - 10:30 a.m. sharp
Fun Run - 11 a.m. sharp

SCORING

Provided by CompuScore, including finish line operations and post-run postcards.
Finish line monitor for unofficial finishing times.
Official race results can be viewed online at http://www.compuscore.com on evening of run.

AWARDS

Trophies to top three overall men and women.
Ribbons to top three men and women within age category, not including overall winners.

AGE CATEGORIES

14 & under; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70 & over

CORPORATE CHALLENGE

A Golden Butterfly trophy will be awarded to the top Corporate Challenge teams in both the 5K Race and 2-Mile Walk. Please call 908.782.7475 or e-mail sbatsr@sbatsr.org for more information.

ENTRY FEES

(Add $5 per participant after April 27, 2001)

5K Race
$20 Individual
$18 USATF-NJ and NJRRC Members
$50 Corporate Team of 3

2-Mile Fitness Walk
$15 Individual
$40 Family of 4
$40 Corporate Team of 3

Fun Run - Children ages 5-10
Free

FOR MORE INFORMATION

Call 908.782.7475 or e-mail sbatsr@sbatsr.org.

DIRECTIONS

From North/East Jersey: Take Route 78 West to Exit 17 (Route 31). Follow Route 31 North approximately 4 miles. Turn left onto VanSyckle's Road. Spruce Run is on the left.

From Northwest Jersey: Take Route 287 South to Route 78 West. Follow directions from North/East Jersey.

From Pennsylvania: Take Route 78 East to exit 12 (Jutland/Norton). At the end of the exit ramp, turn left. At the first traffic light, turn left onto Perryville Road. Stay straight for approximately four miles. Turn right onto Van Syckle's Road. Spruce Run is approximately two miles on your right.

THE SPRINT FOR SPINA BIFIDA WILL BE HELD RAIN OR SHINE!

SPRINT FOR SPINA BIFIDA - REGISTRATION FORM

Application must be complete. Only one person per entry form (form may be copied).

FIRST NAME: |_|_|_|_|_|_|_|_|_|_|_| LAST NAME: |_|_|_|_|_|_|_|_|_|_|_|_|_|

ADDRESS: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

CITY: |_|_|_|_|_|_|_|_|_|_|_| STATE: |_|_| ZIP: |_|_|_|_|_|-|_|_|_|_|

AGE: |_|_| BIRTH DATE: |_|_|/|_|_|/|_|_|_|_| SEX: |_|M |_|F

T-SHIRT SIZE: |_|_| PHONE NUMBER: |_|_|_|-|_|_|_|-|_|_|_|_|

THE EVENT I AM REGISTERING FOR IS:

5K Race
|_| $20 Individual |_| $18 USATF-NJ Member |_| $18 NJRRC Member
|_| $50 Corporate Team of 3

2-Mile Fitness Walk
|_| $15 Individual |_| $40 Family of 4 |_| $40 Corporate Team of 3

50-Yard Fun Run
|_| Free (children ages 5 to 10)

Total Amount Paid: $ _____ 2001 USATF NUMBER: _____

CORPORATE TEAM NAME: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

How did you learn about the Sprint for Spina Bifida? _____

Sorry, I cannot attend. Enclosed is my tax deductible contribution of: $ _____

I hereby acknowledge and understand that participation in the Sprint for Spina Bifida is a potentially dangerous activity. I recognize that I should not enter and participate unless I am medically able and properly trained. I agree to abide by the decision of any event official relative to my ability to safely complete the course. I assume all risks associated with my participation in the event for which I am entering, including but not limited to, falls; contact with other participants; effects of any adverse weather conditions, including but not limited to heat, cold, ice, and humidity; traffic; and road conditions; all such risks being known and appreciated by me. Having read and fully understood this waiver, knowing these facts and in consideration of acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release the Spina Bifida Association of the Tri-State Region (SBATSR), Spruce Run Recreation Area, USA Track & Field, all sponsors, their representatives, agents, successors, and volunteers from all claims or liabilities of any kind arising from my participation in this event even though that liability might arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event or my likeness for any legitimate purpose.

_____ _____

(Participant Signature or Parent/Guardian Signature if entrant is under 18 years of age) Date

Please send with payment to: SBATSR, Attn: Sprint, 84 Park Avenue, Flemington, NJ 08822

Form from CompuScore Web Site