

# Avalon Twilight Family Run

## 5 K Run / Walk / Children's Fun Run

Race Date and Time: August 7, 2004 **6:00 pm** for Kid's Fun Run and **6:10 pm** for 5k run / walk

Location: On the beach! (Avalon Community Hall, 30th Street and the boardwalk)

Benefits: This event is being held in Memory of Ralph E. Giles. Proceeds will go to PMRI (Preventive Medicine Rehabilitation Institute) of the Christiana Hospital.

Course: Out and back course run at low tide on the beach starting and finishing at 30th Street.

Amenities: Race t-shirt and post race refreshments. T-shirts to first 300 adults and 50 children.

Awards: Overall male and female winners plus top 3 in ten year age groups 13 and under to 60 + Top 3 male and female walkers. All kids receive ribbons. (Must be present to receive awards)

Entry Fee: **\$20** pre registration till July 30th. **\$25** day of event. Kid's fun run **\$5** (includes youth t-shirt)

Entry Info: Make checks payable to "**Ralph E. Giles Memorial Fund**"

Contact: For more information, contact **David Siconolfi**, (908) 665-8038, [www.compuscore.com](http://www.compuscore.com)

Mail entry: **Avalon Twilight 5k c/o** Compuscore 1579 Springfield Avenue New Providence, NJ 07974

\*Results will be posted on [www.compuscore.com](http://www.compuscore.com)

\*\*Race photos will be taken by Brightroom ([www.brightroom.com](http://www.brightroom.com))



### Avalon Twilight Entry Form

PLEASE PRINT

**Circle One:**

Downloaded from CompuScore

[www.compuscore.com](http://www.compuscore.com)

**5K Run**

**5K Walk**

**Kids Fun Run**

**Non-racing Contribution**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zipcode \_\_\_\_\_

Sex: M F  
 Age on race day: \_\_\_\_\_  
 T-shirt size:  
 Youth: S M LG  
 Adult: S M LG x-LG  
 e-mail address: \_\_\_\_\_

In Consideration of Acceptance of this entry, I the undersigned, intend to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any and all race sponsors, or the cities and towns in which the race is contested, their representatives, successors, and assigns, for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for the completion of this event and my physical condition has been verified by a licensed Medical Doctor within the last six months. Further, I hereby grant permission any and all of the foregoing to use any photographs, videotapes, motion pictures, recording, or any other record of this event for any purpose whatsoever without compensation or remuneration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(parent if under 18)