

Schedule & Awards

8:00-9:15 am – Registration
9:30 am – 5K Run Start
9:45 am – 1 Mile Walk Start
10:30 am – Awards Ceremony

Trophies and awards will be given to the top three runners in each age category for the 5K Race. Trophies will be awarded to 1st place Corporate Team and to overall first place male and female runners.

Park Amenities

- Basketball Court
- Playground
- Restrooms

Tented Area

- Registration
- Entertainment
- Refreshments
- Family Activities
- Sponsor Displays
- Awards Ceremony

FREE PRE-EVENT CLINIC

Cooper Bone & Joint Institute Running & Walking Clinic

Valuable information will be provided on...

- Over-Use Injuries
- Shoe Evaluation
- Sports Nutrition
- Flexibility & Strength Training
- Body Fat Composition
- Cholesterol & Blood Pressure

Speakers...

Lawrence Miller, M.D.
Dir., Cooper Sports Medicine Program

John P. Salvo, M.D.
Assistant Dir., Cooper Sports Medicine Program and former Assistant Team Physician to the Philadelphia Eagles, Flyers and Phantoms

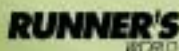
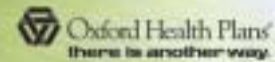
THURSDAY, MAY 6, 2004

5:30 pm: Registration and Light Buffet

6:30 pm: Seminar

Reservations Required:
Call 1-800-826-6737

SUPPORTING SPONSORS



Cooper Bone & Joint Institute
Sports Medicine Program

ABOUT THE RACE

Timing results, race entry and finish line provided by CompuScore Computer Services:

- USATF certified race course
- Pre-race stretch
- Barcode scanner system
- Scores will be posted within minutes of race completion
- Postcard of race results mailed after event
- Rain or shine!
- NEW: Corporate Teams (Maximum three runners per team)
- Student Rate: \$5 with student ID.

DIRECTIONS

From Interstate 295:

Take I-295 to Exit 32 to Route 561 North towards Haddonfield/Cherry Hill. Follow Route 561 approximately one mile and turn right onto Brace Road - Route 154. Turn left at the second light onto Borton Mill Road and Challenge Grove Park will be directly in front of you.

For Additional Directions:

Please visit the "Calendar" page of the Chamber's web site: www.chambersnj.com

Parking:

Parking will be available inside the park area across from the Pavilion.



5K RUN 1 MILE WALK

FOR HEALTHY
BUSINESS

USATF
Certified
Course



Saturday, May 15, 2004
8:00 - 11:00am

Challenge Grove Park
Brace & Borton Mill Roads
Cherry Hill, NJ

PRESENTING SPONSOR

Cooper
University Hospital

5K RUN 1 MILE WALK

FOR HEALTHY
BUSINESS



Chamber of Commerce
Southern New Jersey
Where Business Grows

USATF
Certified
Course

Saturday
May 15, 2004

Challenge
Grove Park
Cherry Hill, NJ

Early Bird
Registration
Deadline:
Friday, May 7

Downloaded from CompuScore www.compuscore.com

First name: _____ M.I.: _____ Last name: _____

Gender: Male Female Company/School Name: _____

Company/School Team: Yes No If Yes, Team Name: _____

Age Group: 14 & under 15 - 19 20 - 29 30 - 39 40 - 45
 50 - 54 55 - 59 60 - 69 70 & up Age on day of race: _____

Shirt Size: (adult) Medium Large XL XXL

E-Mail: _____

Daytime Phone: () _____

Evening Phone: () _____

Address: _____

City/State _____

Zip: _____

PLEASE NOTE: Fill out one registration form per entry.
Please make copies of this form and
fill out individually for multiple entries.

Waiver Release Form (5K Race for Healthy Business 5/15/04)

In consideration for accepting this entry, and granting the right to participate in this event, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, personal representatives, successors, and assigns waive and release any and all claims for losses or damages I may have against the event host (The Chamber of Commerce Southern New Jersey), Event Committee, Volunteers, Event Sponsors, Suppliers, Camden County Department of Parks, their representatives, successors, and assigns and/or any other person whomsoever for any and all injuries, illnesses, 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 have sufficiently trained for the completion of this event.

I also understand the event host and/or any sponsor my use for publicity of the 5K Run for Healthy Business my name/and or pictures of me in the event without obligation or liability to me.

The undersigned has read and voluntarily signed this release and waiver. (Parent or Guardian signature if under 18)

Signature: _____ Date: _____

I will participate in the...	Early Bird Registration Fee	After May 7, 2004	Student Rate
<input type="checkbox"/> 5K Race for Healthy Business	\$20/person (includes T-shirt)	\$25/person	\$5/student w/ID
<input type="checkbox"/> 1 Mile Fun Walk*	\$10/person (includes T-shirt)	\$15/person	\$5/student w/ID
* Children 10 and under walk free - no registration required <input type="checkbox"/> NJRRC members: \$2.00 discount off Early Bird fees			

Payment:* Check enclosed for \$ _____ (Make checks payable to CCSNJ)

Credit card (Check one) Visa Mastercard AMEX Discover

Credit Card #: _____ Signature: _____

* Payment must accompany registration form.

FAX completed form to (856) 424-8180, or **MAIL** to CCSNJ, 6014 Main Street, Voorhees, New Jersey 08043