

Bayonne Harbor 5K

.....and 1.5 Mile Walk • Kids' Dashes

TO BENEFIT:

rain or
shine!

Sunday, September 19, 2004

Peninsula at Bayonne Harbor, Bayonne, NJ

Bayonne Medical Center
Foundation

SCHEDULE: 7:30am Registration Begins
8:30am 1.5 Mile Walk
9:15am Bayonne Harbor 5k
10:00am Kids' Dashes

presented by:



media sponsor:

THE HUDSON REPORTER

REGISTRATION: By mail or online at www.ACTIVE.com
Checks payable to BMCF
Mail to: Bayonne Medical Center Foundation
398 Avenue E, Bayonne, NJ 07002

ENTRY FEES: 5K or Walk \$15 by Sept.13 (\$13 USATF-NJ Members)
\$18 after Sept.13 and on race day
Kids' Dashes \$7.

COURSE: USATF Certified fast, mostly flat. Out and back with water views. Clocks • Water Stops

RESULTS: www.COMPUSCORE.com

5k AWARDS: Top Three Overall and Age groups, M & F
1st (Male and Female) firefighter, police officer, EMT, and Bayonne Medical Center employee.
1st Bayonne Resident (Male and female)
Ribbons to all walkers and Kids' Dashes finishers.

AMENITIES: Bayonne Harbor T-shirts to all pre-registrants, and post-registrants while supplies last. Refreshments • DJ • Random Prize Drawings • Surprises

DIRECTIONS: New Jersey Turnpike: North or South to Exit 14A. Follow signs to Avenue E. Turn left onto 32nd street into Peninsula at Bayonne Harbor. Follow race signs.
Bayonne Bridge: Route 169 North. Right onto 32nd Street into Peninsula at Bayonne Harbor. Follow race signs.

INFO: By Train: Light rail stop near entrance to Peninsula at Bayonne Harbor.
201-858-6500 or www.oym.net



Bayonne Harbor 5K Official Entry Form

Name _____ Phone _____ Sex (circle one) M F
 Address _____ Age (on race day) _____
 City _____ State _____ Zip _____ Date of Birth _____
 Event (circle one) 5k 1.5 Mile Walk Kids Dashes T-shirt (adult) M L XL
 Circle if Applies: Firefighter Police Officer EMT BMC Employee T-shirt (kids) S M L
 Amount enclosed \$ _____ '04 USATF-NJ # _____

In consideration of this entry being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims I may have against Bayonne Medical Center, Bayonne Medical Center Foundation, The City of Bayonne, Bayonne Local Redevelopment Authority, On Your Mark Productions, USATF, their staff, officers, sponsors, volunteers, successors and assigns, for any and all injuries suffered by me in this event. Further, I confirm that I am physically able to compete in the Bayonne Harbor 5k and grant the right to use my likeness in any photographic record of the event.

Signed _____ Date _____

Parent/Guardian Signature if participant is under 18 years of age.