

Robert Wood Johnson University Hospital Hamilton Presents...

15th Annual 5K RUN & 2K Health Walk

USATF-NJ 2006 Grand Prix Event
Coordinated by Baldasari-Leestma Race Management

**THURSDAY, JULY 13, 2006;
7:30 P.M. RAIN OR SHINE**
Race Hotline: (609) 890-8343

WHERE:

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

For directions, visit www.rwjhamilton.org



REGISTRATIONS & FEES

Register online at www.rwjhhfoundation.org or



5:30 to 7 p.m. – Day of Race • Pre-Entry Fee: \$18.00
\$16.00 for 2006 valid USATF New Jersey Members (pre-entries only) • Day of Race Fee: \$20.00

AWARDS

Prize money to top three overall men & women • **First: \$100.00 • Second: \$75.00 • Third: \$50.00**
Prizes to top three men and women in each age group

Ribbon to all Walk finishers!

AMENITIES

Specially designed T-shirts, post-race refreshments • Computerized timing and scoring by Compuscore
Finish line and course by Baldasari-Leestma Race Management • Discount running apparel expo
Immediate Post race results @ www.compuscore.com

COURSE

USTAF certified 5K fast course on traffic-free road and through scenic Hamilton Veteran's Park

2K Health Walk
Pre-entry \$18 / Day of race \$20
Walk starts 6:30 p.m.

All Proceeds Benefit:
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON
The Cancer Institute of New Jersey HAMILTON

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PLEASE PRINT LEGIBLY AND FILL IN ALL ITEMS. YOU MUST SIGN THIS RELEASE.

Send entry and fee payable to:

RWJ Hamilton Foundation, c/o Larry Baldasari, 3448 Nottingham Way, Hamilton Square, New Jersey 08690

- Type: 5K Run 2K Health Walk
- Age Category: 14 & Under 15-19 20-24 25-29 30-34 35-39 40-44
 45-49 50-54 55-59 60-64 65-69 70 & Over
- T-shirt Size: S M L XL
- 2006 USATF-NJ#: _____ (Grand Prix Competitor)

Name: _____ Sex: M F Date of Birth: _____ Age as 7-13-06: _____

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

E-Mail: _____

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, Service Master, Hamilton Township, volunteers and all participating sponsors from any claims, demands, suits or actions for any 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: _____

In Lieu of running the race, I wish to donate \$ _____