



Run For Lupus
www.lupusnj.org

Run 4 Lupus 4 Miler

Followed by a 2 mile family fun walk

Benefiting the Lupus Foundation of America, New Jersey Chapter
Nomahegan Park, Cranford, New Jersey
Sunday, October 14, 2007

Lupus is an autoimmune disease that causes inflammation and tissue damage to virtually any organ system in the body. While lupus affects mostly women of childbearing age, women and men of all ages and children can develop lupus.

- Schedule:** Registration and packet pick up: 8:00 a.m.
Race Start Time: 9:00 a.m. Fun Walk: 10:30 a.m.
- Registration:** By mail until October 5, 2007 or online at www.ACTIVE.com
or www.raceforum.com
- Race Entry Fees:** \$18 by October 5, 2007
\$22 after October 5, 2007 and on race day
- Course:** 4 mile USATF sanctioned event and certified course #NJ06502JHP
flat, woods, residential, water stops, results by Compuscore
- Awards:** Top 3 M/F overall
Master overall trophy 40 + and over
5 Year Age Groups 20-69+
Top 3 finishers under 20



First Name _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Gender (Circle One) Male Female Age (on race day): _____ Date of Birth _____

_____ \$18 by October 5, 2007

_____ \$22 after October 5, 2007 and on race day

Checks payable to: Lupus Foundation of America, New Jersey Chapter

Mail to: PO Box 1184, Springfield, NJ 07081

Payment enclosed \$ _____ OR MASTERCARD VISA AMEX DISCOVER

Account # _____ Exp. Date _____

For additional information contact the Lupus Foundation of America, New Jersey Chapter
call 973-379-3226 or visit www.lupusnj.org. Any questions email us: info@lupusnj.org.

Waiver

I, the undersigned, for myself, my heirs, and executors, in consideration of any participation in the Walk for Lupus NOW © hereafter called the event, hereby release and hold harmless the Lupus Foundation of America, New Jersey Chapter, Inc. and others connected with this event, including sponsors, municipalities, employees, volunteers or agents collectively called the event group from any and all claims for damages or injuries which I may suffer in connection with the event. I give my consent for the event group to use my likeness, voice, or biographical information and any photos, recordings, or video tapes, CDs or DVDs or any other publicity including me at the event.

SIGNATURE

Date

SIGNATURE OF

(Parent/Guardian if entrant under 18 years of age)

Date