



5 K RUN 2 MILE WALK TOT TROT



OCTOBER 14, 2007
1:00 PM Village Green
Summit, New Jersey

USATF-NJ 500 Point Grand Prix Event

To benefit the Summit Area YMCA Community Outreach Programs

REGISTRATION: To enter, fill out and sign the application below, return it with entry fee to Alice Stein, Summit YMCA, 67 Maple Street, Summit NJ 07901. Pre-registration deadline is October 8th. Or register on line at www.raceforum.com/summit or www.active.com.

ENTRY FEES: Pre-registration, by October 8, \$20.00. Pre-registration, by October 8 for USATF Members, \$18.00. Post registration, 11:00 am to 12:45 pm on race day, \$22.00. Tot Trot Fee \$3.00. Make checks payable to Summit YMCA.

AWARDS: Awards will be given to 1st, 2nd, and 3rd male and female runners. 1st male and female Summit Y member. 1st, 2nd, 3rd, male and female in each age group: 10 and under, 11-14, 5 year age increments to age 75 plus. All Tot Trot participants receive ribbons.

AMENITIES: Long Sleeve T-shirts to all 5 K Run and 2 Mile Walk pre-registrants and post registrants while supplies last. Live music, snacks, beverages.

COURSE and LOCATION: USATF certified clocks at each mile, rolling hills and flats. Scenic Summit neighborhoods. Race begins at Summit Village Green, Summit NJ.

RACE DAY SCHEDULE: Post Registration 11:00 am to 12:45 pm. 5K Race start 1:00 pm. Tot Trot start 12:30 pm. 2 mile walk start 1:15 pm. For more information contact, Alice Stein, Summit YMCA, 908-273-3330, x 152. alicestein@summitymca.org or visit www.summitareaymca.org.

Official Entry Form - Summit Y 5K, 2 mile walk, Tot Trot - October 14, 2007

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ DOB _____

Age on race day _____ Male _____ Female _____ 2007 USATF Number _____

Summit Y Member _____ Event: 5K Run _____ 2 Mile Walk _____ Tot Trot _____

T-Shirt: Small _____ Med _____ Large _____ Extra Large _____ Emergency Contact _____

Waiver/ publicity release: I, the undersigned, know that running is a potentially hazardous activity. I should not enter unless I am medically able to properly train. Having read this waiver and knowing these facts and in consideration of my entry, I for myself & anyone entitled to act on my behalf, waive and release the City of Summit, County of Union, Summit Area YMCA, all their sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recording or any other record of this event for any innate purposes. By signing my name below, I certify that I have read all terms and condition of this release and do intend to be legally bound thereby.

Signature _____ Parent signature if under 18 _____