

Hosted by



To benefit



Special Olympics
New Jersey

23RD ANNUAL LINCOLN TUNNEL CHALLENGE 5K FUN RUN/WALK APRIL 26, 2009

PRESENTED BY



REGISTRATION INFORMATION



NOTE: Children in Strollers must be registered at check-in Run under 25 mins.* Start Time: 8:45am Over 25 mins.* Start Time: 9:15am SONJ Athlete

Last Name _____ First Name _____ Middle _____
Address _____ Apt. # _____
City _____ State _____ Zip code + 4 _____
Gender: M / F Birth Date: ____/____/____ Age (day of race) _____ County _____
MONTH DAY YEAR

How many years have you participated in this race, prior to this year? (if this is your first time, please write 0)

Day Phone _____ Mobile Phone _____

Email address (please complete only if used on a weekly or more frequent basis) _____

*There will be 2 starts based on time.
Race Results by CompuScore.



T-SHIRT SIZE

Circle one (Adult sizes only)

S M L XL XXL

PAYMENT INFORMATION

- USATF #: _____
(postmarked by 4/16/09, race fee is \$18.00)
- Enclosed is my \$20.00 early-entry fee
(postmarked by 4/16/09)
- Enclosed is my \$25.00 entry fee
(postmarked after 4/16/09 and on race day)
- Enclosed is my \$30.00 entry fee (\$28 USATF)
(postmarked by 4/16/09 T-shirt will arrive in March)
- I am enclosing additional donations totaling: \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Incentives available for additional dollars raised of \$100 or more. See website or call for details.

Credit card payments only accepted online at:
www.lincolntunnelchallenge.sonj.org

Please send completed entry form and check or money order

payable to: Special Olympics New Jersey

ATTN: LINCOLN TUNNEL CHALLENGE

3 Princess Road, Lawrenceville, NJ 08648

Phone: 609.896.8000 / Fax: 609.896.8040

Website: www.lincolntunnelchallenge.sonj.org

TEAM INFORMATION

In order to participate as a team, a minimum of three registrations is required. If mailing **must be sent in one envelope and postmarked by April 16, 2009**. Team participation does not require an additional fee.

Yes, I would like to participate in the team competition;

Team Name _____
(minimum of 3 people per team; no maximum)

Team Captain Name _____

Team Captain Daytime Phone (____) _____

Team Captain E-mail _____

WAIVER

In consideration of my entry into the Lincoln Tunnel Challenge being accepted, I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release Special Olympics New Jersey and the Port Authority of NY and NJ, heirs and assigns, as well as all Lincoln Tunnel Challenge/Special Olympics volunteers, participants, and sponsors from all liability claims, demands, losses or damages suffered by me in said event. I represent that I understand the nature of the event and that I am qualified, in good health and in proper physical condition to participate in such event. I hereby grant my full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature (Parent or Guardian if under 18)

Date

THIS FORM MUST BE SIGNED AND COMPLETED IN ORDER TO PARTICIPATE