

Robert Wood Johnson University Hospital Hamilton Presents...

Strides for Stroke '11

Thursday, July 14

2K Walk/Fun Run (great for families!)

6:30 PM

5K Run (cash prizes to top finishers)

7:30 PM

**Register as a team...
awards presented to the fastest
team, most finishers on a team,
and most team spirit!**

www.stridesforstroke.kintera.org

**Proceeds from this year's event
will benefit the award-winning
Stroke Program at RWJ Hamilton.**



Registration

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Age as of 7/7/11: _____

Team Name: _____

USATF-NJ #: _____

5K: Pre-entry Fee \$20 | USATF-NJ \$18 | Day of Race Fee: \$25

2K: Pre-entry \$20/adult \$15/<12 | Day of Race \$25/adult \$15/<12

Which event are you registering for? ___ 5K ___ 2K

Gender (circle one): M F

Adult t-shirt size (circle one): S M L XL

Childrens t-shirt size (circle one): M (while supplies last)

Age Group (circle one):

<15	15-19	20-24	25-29		
30-34	35-39	40-44	45-49		
50-54	55-59	60-64	65-69	70+	

Rain or Shine

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

**Commemorative t-shirts
(to pre-registrants through June 20, then
while supplies last)**

**Prize money to top three overall men
and women in 5K.**

**Medals awarded to top three men and
women in each age category (5K).**

Ribbons to all 2K finishers.

Music

**After-event Pizza Party
(free for registered participants)**

USATF-NJ 2011 Grand Prix event

**Coordinated by Baldasari-Leestma
Race Management**

Scoring by Compuscore

I hereby for myself, my heirs, executors, administrators of legal representatives and successors, release and forever discharge the race officials, RWJ Hamilton, RWJ Hamilton Foundation, 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 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: _____

**Mail signed registration form to:
RWJ Hamilton Foundation, c/o Larry Baldasari
3448 Nottingham Way, Hamilton Sq., NJ 08690**