

***2nd Annual
Qasim and Ahad Memorial
5k Scholarship Race***



Saturday June 11th, 9am

At Robbinsville High School, 155 Robbinsville Edinburg Road

Registration / Check-in begins at 7:30

**Online Registration at active.com, practicehard.com, and
www.robbinsville.k12.nj.us for paper registration**

One Mile Fun Walk

T-shirt to all pre-registered entries (same day entries while supplies last)

- Fast, computerized results
- Awards to the top male and female and the top three runner in their age group
 - **Age Groups:** 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79 and 80+
- Post Race food and beverages

For info email: disantis@robbinsville.k12.nj.us or visit www.robbinsville.k12.nj.us

Entry fee: \$18 before June 8th (\$16 for USATF Members), \$25 on race day, \$16 fun walk

Make Checks Payable to: Robbinsville High School

Mail to:, Attn: Natalie DiSantis, 155 Robbinsville Edinburg Road, Robbinsville NJ 08691

In consideration of your accepting this entry to the 5K Run and 1Mi Walk, I waive all claims for myself, my heirs, and assigns against the Robbinsville High School and all sponsors and promoters for injury or illness which may result from my participation. I further state that I am in proper physical condition to compete in this race. In addition, I attest that I fully understand the considerable risk involved in running a 5K race and/or 1 Mile walk in cold, snowy, slippery, and icy conditions, and I will adjust my pace accordingly. In no instance or circumstance will I bring suit upon any person/s or any entity or agency associated with the conduct of the Borders 5K and 1 Mile Walk. I fully understand and agree with the content of the waiver I am signing.

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: (____) _____ **Shirt Size (circle one):** S M L XL

Sex: M ___ F ___ **Date of Birth:** M ___ D ___ Y ___ **Age On Race Day:** _____

Check One: 5K Race ___ 1 Mile Walk ___ **USATF Number (if applicable):** _____

Signature _____ (Parent or Guardian if under 18)