

Sanctioned by:



USATRACK&FIELD

1st Annual



5K Halloween Run/Walk

Costumes optional!

Caldwell Community Center Open House Noon-4PM

Saturday, October 29, 2011 8:30 am

- Race Start:** Caldwell Community Center
- Race Course:** Includes Bloomfield Avenue and many scenic Caldwell streets
- Children's Races:** For ages 3-12 at the Kiwanis Oval 10:30-Noon
- Registration Fees:** \$20 if postmarked before Oct. 22, 2011 and \$24 the day of the race.
- Awards:** Will be held at the Kiwanis Oval at 10:15am and will be given out in the following categories: under 10; 10-14, 15-19, 20-29, 30-34, 35-39, 40-44, 45-49, etc.
- Amenities:** Compuscore timing for all runners and at the finish line. T-shirts and goody bags to the first 500 entrants. Post race refreshments.
- Benefits:** Proceeds benefit philanthropic endeavors of the Caldwell Community Center such as Special Olympics, Swim, Inc. and Teen Night.
- We Encourage:** Race participants to bring canned goods for the Caldwell Food Pantry.

We Thank:

Contributing Sponsors:

Mile Marker Sponsor:

Friend Sponsor:



Kiwanis Club of Caldwell/West Caldwell

Official Entry Form

Name _____

Street _____ City _____

State _____ Zip _____ Phone: _____ Email: _____

Age (as of 10/29/11) _____ Sex (M/F) _____ Date of Birth _____ / _____ / _____

Fees: By October 22, 2011 _____ \$20.00 After October 22, 2011 and On Race Day _____ \$24.00 **Team \$** _____

Waiver: In consideration of the acceptance of my entry, I myself and my representatives and assigns do hereby release and discharge the Caldwell Community Center, Special Olympics and Swim, Inc. its employees, the Borough of Caldwell, the race officials, volunteers, sponsors (hereinafter releases) for any claim arising or growing out of my participation in this athletic event. I attest and certify that I have full knowledge of the risks involved and I am physically fit and sufficiently trained to participate in this event. I am at least 18 years of age or have had this release signed by my parent/guardian if I have not reached the age of 18.

Participant Signature or Guardian if under age 18. _____ Date: ____/____/____ Shirt Size: S, M, L, XL

Make checks payable to: **Caldwell Community Center RACE** and mail to: CCC, One Provost Sq., Caldwell, NJ 07006 or call the Caldwell Community Center 1-973-228-POOL to register by credit card.