



Teal Wings of Hope Foundation

Saturday September 3 , 2011

Location: Veterans Park 2206 Kuser Rd
Hamilton Township, NJ 08690

Entry Fees: \$20 if registered by August 24, 2011

\$18 Pre-Registration USATF-NJ Members
\$25 after August 24, 2011 and day of race.

Extras: T-Shirt for all pre-entries registered by August 24, post-entries while supplies last.
Merchandise to top male & female and top 3 in each age group.

Age Groups Male & Female

13 & under	40-49
14 -18	50-59
19-29	60-69
30-39	70 -79
	80 plus

Course: USATF Certified NJ91004DB
Traffic Free paved roads & trails

Timing: Baldasari & Leestma Race Management

Questions: Please Call Karen Neuls at 609-213-9508 or email

karenneuls@tealwingsofhopefoundation.org

Refreshments , Children's Activities, Ronald McDonald



Ovarian Cancer Feat For Hope



5k Run 1 Mile Walk

Giving Hope, Touching Lives, Raising Awareness

Schedule: Registration 7:30 am
5k Race 9:00 am
1 mile walk 10:00 am
Registration at the Games Pavilion

Directions to Veterans Park

From North Jersey: NJ Turnpike to exit 7A. Rt 195 West to Exit 3B Hamilton Square. Left at first Traffic light on Kuser Rd. Park entrance is one mile on right

From Rt 1: Rt. 1 South to Rt. 295 South, to Rt. 195 East. Take exit 3B as above

From PA: Rt 95 North to Rt. 295 South, to Rt. 195 East. Take exit 3B as above.

From South Jersey: Rt 295 North, to Rt. 195 East. Take exit 3B as above

Registration & Donations for Individuals and Teams online at:



To Register: Make checks payable to Teal Wings of Hope Foundation and mail with form below to P.O. Box 2882 Hamilton Square, NJ 08690

(Please Check): 5K Run or 1 Mile Walk | Sex M F
Adult T Shirt Size S M L XL | Ovarian Cancer Survivor Yes No

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Age on day of race _____ Birth Date _____

Race # _____ USATF # _____ Phone # _____

In consideration of your accepting this entry to the Ovarian Cancer Feat for Hope 5k run and 1 mile walk, I waive all claims for myself, my heirs, and assigns against the Teal Wings of Hope Foundation , committee for Ovarian Cancer Feat for Hope, Hamilton Township 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 and walk. In addition I attest that I fully understand the considerable risk involved in running or walking 5 K and or 1 mile in possible rainy, slippery 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 for the Ovarian Cancer Feat For Hope 5k Run 1 Mile Walk. I fully understand and agree with the content of the waiver I am signing. I grant use of my name and /or photograph in any accounts or publications of this event.

Signature _____ Date _____

(Parent of guardian if under 18 years of age)

