

THE  IS PROUD TO BE A PART OF...

THE 29th
ANNUAL
5K
RUN/WALK



SUNDAY
SEPT. 22nd
2019

WEST ORANGE, NJ

BREAK THE SILENCE ON OVARIAN CANCER

REGISTER NOW!

www.WalkForOvarianCancer.com

LOCATION: 66 MAIN STREET WEST ORANGE, NJ
EVENT TIME: 10A.M.
(REGISTRATION OPENS @ 8A.M.)



AGE CATEGORIES:

- Male and Female
- Under 12; 13-19; 20-29; 30-39; 40-49; 50-59; 60-69, 70-79, 80 and over

AWARDS:

- First, Second and Third in all classes
- Medals for class winners
- Trophies for overall male and female winner

AMENITIES:

Registration fee includes electronic timing by Best Race, mile splits, water stops, post race refreshments, and quality t-shirts for the first 600 registrants. PLENTY OF PARKING!

WALKERS WELCOME!

REGISTRATION FEE:

- Pre-registration \$30.00, \$27.00 for USATF NJ members
- Must be received no later than September 19th
- Race Day registration \$35.00 (cash or check only)

DIRECTIONS:

GPS Address is 66 Main Street, West Orange, NJ

PARKING: Free parking will be available behind Town Hall, 66 Main Street, at 80 Main Street, and at 61 Main Street, all conveniently located close to the event

RESULTS:

www.bestrace.com, bill@bestrace.com

MAYOR'S RUN/WALK TO BREAK THE SILENCE OF OVARIAN CANCER REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

EMAIL: _____ SEX: _____ MALE _____ FEMALE

PARTICIPATING IN: _____ 5K RUN/ WALK _____ KIDS FUN RUN (FREE)

USATF NJ NUMBER: _____ DATE OF BIRTH: _____ AGE ON RACE DAY: _____

SHIRT SIZE: Mens: _____ S _____ M _____ L _____ XL _____ 2XL (Addl) \$3.00

Womens: _____ XS _____ M _____ L _____ XL _____ 2XL (Addl) \$3.00

I am an ovarian cancer survivor: _____ I am walking as part of a Team (Team name): _____



By my signature below, and in consideration for being allowed to compete in the Mayor's Run/Walk to Break the Silence of Ovarian Cancer, I do hereby assume all the risks of competition/participation therein, and, on behalf of myself, my heirs and personal representatives, do hereby agree to hold harmless, and waive all rights of action I might have, against the Township of West Orange and all other persons and organizations having any part in the organization and conduct of the day's events, for any injury, loss or damage I may suffer as a result of my participation/competition; and I certify that I am in proper physical condition to compete.

SIGNED _____

(Parent or Guardian if under 18)

Date _____

MAKE CHECK PAYABLE TO:

DWOA/NOCC and mail to Downtown West Orange Alliance, 66 Main Street, West Orange, NJ, 07052
or REGISTER ONLINE at <http://www.WalkforOvarianCancer.com>