



Mayor's 5K Run/Walk to
BREAK THE SILENCE
 of Ovarian Cancer

Register Now!

**20th Annual West Orange
 Downtown Classic**

Sunday, October 3rd 2010
 West Orange Township Hall
 9:30 am Free Kids Fun Run
 10:00 am Run/Walk



Register - Donate - Volunteer
www.WalkForOvarianCancer.com

Benefiting Northern NJ NOCC's
 mission to raise awareness and promote
 education about ovarian cancer



AGE CATEGORIES:

- Male and Female
- Under 15; 15-19; 20-29; 30-39; 40-49; 50-59; 60 and over

AWARDS:

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

AMENITIES: Registration fee includes electronic timing, mile splits, water stops, post race refreshments, and quality t-shirts for the first 600 registrants. **PLENTY OF PARKING! RACE WALKERS WELCOME!**

REGISTRATION FEE:

- Pre-registration \$25.00, \$22.00 for USATF NJ members
- Must be received no later than October 1st
- Race Day registration \$30.00 (cash or check only)

DIRECTIONS:

- **From 280 West**
 - Exit 10, turn right at stop light off of exit ramp onto Northfield Avenue
 - 200 yards and make a left turn onto Main Street, Township Hall is on the left
 - Note: Main Street will be closed after 9:30am!! Past 9:30, Exit 10 Straight onto Wheeler Street, Left on Lindsley Avenue, Right onto Mt. Pleasant Avenue, Township Hall is 200 yards on right.
- **From 280 East**
 - Exit 9, make a left onto Mt Pleasant Avenue
 - Township Hall is approximately 200 yards on the right

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

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

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

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

SEX: _____ MALE _____ FEMALE

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

SHIRT SIZE: _____ S _____ M _____ L _____ XL

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 _____ **Date** _____
 (Parent or Guardian if under 18)



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

Downtown West Orange Alliance
 West Orange Township Hall
 66 Main Street
 West Orange, NJ 07052

Learn more about Ovarian Cancer! Join us at www.Ovarian.org - Northern NJ Chapter

2010 Sponsors



JBN Employee Benefits



WestOrangePatch

WILF FAMILY FOUNDATIONS



New Jersey MONTHLY



If you are walking as a Team, each Team must have at least 10 members,
 and each member is asked to raise \$25 in addition to their entry fee

Team Name: _____

Supporter Name	Supporter Address	Donation Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Totals: _____