

2018 CPL ENTRY FORM

Fees:

5K--\$23.00 by 10/15/18; \$25.00 thereafter and on race day

5K USATF--\$20.00 by 10/15/18

1 Mile Ramble--\$10.00

Kids' Dashes--\$7.00

Please make checks payable to and mail to:

The Cerebral Palsy League

61 Myrtle Street

Cranford, NJ 07016

Must be postmarked by 10/15/18

Last Name: _____ First
Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ E-mail: _____

Circle One: 5K 1 Mile Ramble Kids' Dashes

Sex: Male Female

Age (Day of Race): _____

Date of Birth: _____

2018 USATF-NJ# _____

Adult T-shirt Size: ___ S ___ M ___ L ___ XL

Kids T-shirt Size: ___ YS ___ YM ___ YL

I can't participate but here's my donation of \$ _____

Waiver Release: In consideration of this entry being accepted, I hereby for myself, heirs, executors, & administrators waive & release any claims I may have against The Township of Cranford, The Cerebral Palsy League, Inc., On Your Mark Productions, their staff, officers, volunteers, successors and assigns for any and all injuries that may be suffered by me in this event. Further, I state that I am physically able to participate in this event.

Signature: _____

Signature of Parent or Guardian if under 18 years of age:

Date: _____