

## **CareOne 5K** Race Against Cancer

## **Overpeck County Park Ridgefield Park Area**

## Sunday, September 18th, 2016 40 Fort Lee Road, Leonia

You can REGISTER ONLINE at raceforum.com/CareOne5K

- Packet pick-up and same day registration TIMES: 7:30 am
  - Welcome speeches and race instruction 8:30 am
  - 9:00 am **RACE BEGINS**

10:15 am Awards

Awards presented to Male/Female 1st, 2nd, and 3rd overall age groups, in 10 year increments. Course is mostly closed to traffic, flat and fast. One water station manned by Team RWB Military Veterans. Tech T-Shirts guaranteed to all pre-registered runners.

Professional chip-timed course (USATF-certified).

Ample parking and indoor restrooms.

## **REGISTRATION FORM**

Make check payable to: The CareOne Cancer Fund and mail to Jackie Elisberg at: CareOne, 173 Bridge Plaza North, Fort Lee, NJ 07024

| Name  |                             | Phone:                        | Email                         |                       |  |
|---|-----------------------------|-------------------------------|-------------------------------|-----------------------|--|
| Address   |                             |                               | Zi                            | Zip                   |  |
| Date of Birth   | Race Day Age                | Gender 🛛 M 🕁 F                | T-shirt size (please circ     | le): SMLXL            |  |
| □\$20 (Registered by M  | ay 31) 🛛 \$25 (Registered   | June 1-Sept. 15) 🛛 \$30 (Ra   | ace Day)                      |                       |  |
| I am unable to partie   | cipate, but would like to m | nake a contribution. \$       |                               |                       |  |
| I do not consent to ha  | ving my photo taken to poss | ibly be published with name i | n local paper or posted on Ca | reOne's website.      |  |
| Waiver of Liability: I am voluntarily entering the CareOne 3rd Annual 5K Rawith participation in this event. I agree to hold all organizers of this event h |                             |                               |                               | CareOne               |  |
| liabilities arising from my par   |                             |                               |                               |                       |  |
| Signature   |                             | Date Si                       | aned                          | A Senior Care Company |  |

