

Join the NEW PROVIDENCE EDUCATION FOUNDATION to Support Education and Students!

All proceeds support the New Providence Schools and are tax deductible!!

Sunday, Oct 11, 2015



CERTIFIED EVENT



Schedule

Sat 10/10 Packet Pick up at 10AM-12PM or 3-6PM at HS entrance
 Sun 10/11 8AM: Packet pick/Same day registration
 9AM: 5k Run/Walk Begins
 10AM: Fun Run/Walk at HS Track

Location

Begin/End at:
 New Providence High School
 35 Pioneer Drive,
 New Providence, NJ 07974

Parking

NP High School lots
 Accenture parking lot
 (on Central Ave)
 For more information, visit:
www.npedfoundation.org

Course

5K Certified Course / USATF
 [Results by Compuscore]
 To view course map, visit:
npedfoundation.org

Payment:

Register online or via mail.
 Checks payable to:
 New Providence Education
 Foundation, P.O. Box 993,
 New Providence, NJ 07974

Questions? Email us at:
alma.demetropolis@npedfoundation.org
 or hugo.barth@npedfoundation.org

Amenities

- ♦ T-Shirts guaranteed to early registrants & post registrants while supplies last
 - ♦ Music and Entertainment
 - ♦ Refreshments
 - ♦ Awards: Prizes to top 3 male and female finisher
- Age Groups: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 & above
- FAQs/Terms: See our website

Register

	Price
<input type="checkbox"/> Family by 10/1/2015	\$75
<input type="checkbox"/> Family after 10/1/2015	\$100
<input type="checkbox"/> Adult by 10/1/2015	\$35
<input type="checkbox"/> Adult after 10/1/2015	\$40
<input type="checkbox"/> Youth* by 10/1/2015	\$20
<input type="checkbox"/> Youth* after 10/1/2015	\$25
<input type="checkbox"/> Kids Fun Run	\$15

*Youth is 17 yrs of Age and under

Name (Last, First) _____

Address _____

City, State, Zip Code _____

Phone _____

E-mail _____

Gender _____ Date of Birth (MM/DD/YY) & Age on Race Day _____

Emergency Contact Name & Number _____

USATF # _____ T-Shirt Size (YM, YL, S, M, L, XL)

Total Entry Fee: _____

Plus tax deductible donation: _____

Total Enclosed: _____

I understand that running and/or walking is a potentially hazardous activity. I should participate in the event ONLY if I have trained properly and have been cleared of any medical conditions, which may inhibit my ability to compete this event. In consideration of this entry being accepted, I hereby for myself, heirs, executors and administrators, waive any claim that I may have against the New Providence Education Foundation, New Providence Schools, Borough of New Providence and any and all organizers and sponsors of, and volunteers assisting with, this event and their representatives and successors for any injuries that may be suffered by me in this event, even though such injuries may arise out of negligence or carelessness on the part of persons named in this waiver. I have read and agree to the above waiver.

Signature _____

All Participants 18 & Older must sign, Parents for 17 & Under

Special thanks to our Corporate sponsors to date:
 Investor's Bank, Gabriele Fitness, NJ Sharing
 Network, Summit Medical Group, & CR Bard

Register with this form or online at: npedfoundation.org

New Providence Education Foundation Every School. Every Student.