



# Teal Wings of Hope Foundation

**Saturday September 4, 2010**

**Location:** Veterans Park  
Hamilton Township, NJ 08690  
**Entry Fees:** \$20 if registered by August 25, 2010

\$18 Pre-Registration USATF-NJ Members  
\$25 after August 25, 2010 and day of race.

**Extras:** T-Shirt for all pre-entries, post-entries while supplies last. Merchandise to top male & female and top 3 in each age group.

**Age Groups Male & Female**

13 & under	40-49
14 -18	50-59
<b>19-29</b>	<b>60-69</b>
<b>30-39</b>	<b>70 Plus</b>

**Course:** USATF Certified NJ91004DB  
Traffic Free paved roads & trails

**Timing:** Baldasari & Leestma Race Management

**Questions:** Please Call Karen Neuls at 609-213-9508 or email karenneuls@gmail.com

**Refreshments , Children's Activities, Face Painting**



## Ovarian Cancer Feat For Hope



### 5k Run 1 Mile Walk

Giving Hope, Touching Lives, Raising Awareness

**Schedule:** Registration 7:30 am  
5k Race 9:00 am  
1 mile walk 10:00 am  
Registration at the Games Pavilion

**Directions to Veterans Park**

**From North Jersey:** NJ Turnpike to exit 7A. Rt 195 West to Exit 3B Hamilton Square. Left at first Traffic light on Kuser Rd. Park entrance is one mile on right

**From Rt 1:** Rt. 1 South to Rt. 295 South, to Rt. 195 East. Take exit 3B as above

**From PA:** Rt 95 North to Rt. 295 South, to Rt. 195 East. Take exit 3B as above.

**From South Jersey:** Rt 295 North, to Rt. 195 East. Take exit 3B as above

**Registration & Donations for Individuals and Teams online at:**



**To Register:** Make checks payable to Teal Wings of Hope Foundation and mail with form below to P.O. Box 2882 Hamilton Square, NJ 08690

(Please Check): 5K Run  or 1 Mile Walk  | Sex M  F   
Adult T Shirt Size S  M  L  XL  | Ovarian Cancer Survivor Yes  No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Age on day of race \_\_\_\_\_ Birth Date \_\_\_\_\_

Race # \_\_\_\_\_ USATF # \_\_\_\_\_ Phone # \_\_\_\_\_

In consideration of your accepting this entry to the Ovarian Cancer Feat for Hope 5k run and 1 mile walk, I waive all claims for myself, my heirs, and assigns against the Teal Wings of Hope Foundation , committee for Ovarian Cancer Feat for Hope, Hamilton Township and all sponsors and promoters for injury or illness which may result from my participation. I further state that I am in proper physical condition to compete in this race and walk. In addition I attest that I fully understand the considerable risk involved in running or walking 5 K and or 1 mile in possible rainy, slippery conditions and I will adjust my pace accordingly. In no instance or circumstance will I bring suit upon any person's or any entity or agency associated with the conduct for the Ovarian Cancer Feat For Hope 5k Run 1 Mile Walk. I fully understand and agree with the content of the waiver I am signing. I grant use of my name and/or photograph in any accounts or publications of this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent of guardian if under 18 years of age)

