



THE NOCC IS PROUD TO BE A PART OF...

THE 27TH ANNUAL MAYOR'S 5K RUN/WALK

SUNDAY, SEPTEMBER 24, 2017
EVENT LOCATION: 66 MAIN STREET WEST ORANGE, NJ
EVENT TIME: 10AM (REGISTRATION OPENS @ 8AM)

REGISTER NOW! www.WalkForOvarianCancer.com



AGE CATEGORIES:

- Male and Female
Under 15; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69, 70-79, 80 and over

AWARDS:

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

AMENITIES:

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

REGISTRATION FEE:

- Pre-registration \$30.00, \$27.00 for USATF NJ members
Must be received no later than September 22nd
Race Day registration \$35.00 (cash or check only)

DIRECTIONS:

GPS Address is 66 Main Street, West Orange, NJ

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

RESULTS:

www.bestrace.com, bill@bestrace.com

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

LAST NAME: FIRST NAME:

ADDRESS: CITY/STATE: ZIP:

EMAIL:

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

SEX: MALE FEMALE

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

SHIRT SIZE: Mens: S M L XL
Womens: 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/NOCC and mail to Downtown West Orange Alliance, 66 Main Street, West Orange, NJ, 07052
or REGISTER ONLINE at http://www.WalkforOvarianCancer.com