



**Come Join
NPEF to
Support
Education and
Students!!!**

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

THANK YOU!!!

NPEF 5K RUN/WALK

SUNDAY, OCT 12, 2014 - 9AM

*Sponsored by the New Providence Education Foundation
Every School. Every Subject. Every Student.*

Location

New Providence High School
35 Pioneer Drive
New Providence, NJ 07974

Course & Parking

5k Certified Course
Results by Compuscore
NP HS Lot, CR Bard Lot
NJ Sharing Network Lot

Amenities

- T shirts guaranteed to early registrants and post registrants while supplies last
- Entertainment
- Music and Refreshments
- **Awards:** Prizes to top 3 male and female finishers and Raffles

SCHEDULE

Sat 10/11 - Packet pick up 10-12 Noon & 3-6pm & HS Entrance

Sun 10/12 - Race Day

8am Packet Pick up & Same Day Registration

9am 5k Run/Walk begins

10am 1 mile Fun Run/Walk at HS track

*For directions, more information or to register on-line: www.npedfoundation.org
or email co-Chairs at alma.demetropolis@npedfoundation.org and/or hugo.barth@npedfoundation.org
or mail this form to: NPEF, P.O. Box 993, New Providence, NJ 07974*

Last Name:

Address:

City/State/ZC:

Email:

Phone Number:

Emergency Contact:

First Name	Date of Birth MM/DD/YYYY	Age on Race Day	Gender M or F	Fee Family or Individual	T Shirt Size: YM/YL S/M/L/XL/XXL	USATF #

Entry Fees

- By 9/15/2014: \$65 Family, \$30 Adult (18 yrs & Older), \$25 USATF, \$15 Youth (17 & Under)
- After 9/15/2014: \$70 Family, \$35 Adult (18 yrs & Older), \$25 USATF, \$20 Youth (17 & Under)
- Total Entry Fee: \$_____ plus tax deductible donation \$_____ Total Enclosed: \$_____

Make checks payable to: New Providence Education Foundation Mail to: NPEF, PO Box 993, New Providence, NJ 07974

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 (s) _____ Date _____

ALL Participants 18 and over must sign this form. Parent must sign for participant 17 yrs of age and under.