



THE JR. FRIDAY CLUB

PRESENTS

WOMEN'S HEALTH DAY 5K RACE AND FAMILY FUN WALK

BENEFITING THE

CHRISTINA S. WALSH BREAST CANCER FOUNDATION

SUNDAY, MAY 6TH 2007
HIGHTSTOWN HIGH SCHOOL
24 LESHIN LANE, HIGHTSTOWN, NJ
****CERTIFIED COURSE****

Runners Registration: 7:00am to 8:00am (8:15 start)
Walk Registration : 8:00am to 9:00am (9:15 start)

Pre-REGISTRATION FEE:

\$20 RUNNER/WALKER (12 and under \$10)

\$50 FAMILY (Fun Walk only)

Registration available on-line @ christinafoundation.com

*Registration fee includes T-shirt if you register by April 15th
(limit 4 t-shirts per family registration - \$10 each additional shirt)

*\$25 registration fee on the day of the race

HELP US REACH OUR GOAL WITH BOOSTERS !!

Prize levels: \$150 (hat) \$300 (polo shirt) \$500 (fleece blanket)
\$1,000 (hat, shirt, and blanket)

Join us for family fun at the conclusion of the race

* DJ Brett Gash

* Children's Activities

* Food and Beverages

* Vendors

*Give-aways

* and much more

WOMEN'S HEALTH DAY 5K RACE AND FAMILY FUN WALK

RUN /WALK REGISTRATION FORM

INDIVIDUAL NAME	AGE	DOB	SEX (M/F)	Shirt size (S – 2XL)

CHECK EVENT : 5K Run _____ 5K Walk _____

FAMILY NAME	AGE	DOB	SEX (M/F)	Shirt size (s – 2XL)

Youth sizes (sm., med., lg.)

NOTE: Limit 4 t-shirts per family (each additional shirt costs \$10)

CHECK EVENT : 5K Run _____ 5K Walk _____ 1 mile Fun /Run _____

(age 12 and under)

In consideration of acceptance of this entry, I / we waive any and all claims for myself and my heirs against officials or sponsors for the Junior Friday Club's Women's Health Day 5K Race/ Family Walk for injury or illness which may directly or indirectly result from participation. I / we further state that I / we am in proper condition to participate in this event. I / we also give my permission for the free use of my name and/or picture in accounts of this event.

Signature _____ Date _____
(parent's signature if under 18)

Payment available on-line @ christinafoundation.com

Please mail completed registration form w/ copy of Paypal receipt

Make checks payable to: Christina S. Walsh Breast Cancer Foundation
Please enclose your payment with order form.

Mail to: Christina S. Walsh Breast Cancer Foundation
P.O. Box 401, New Brunswick, NJ 08903-0401 Att: Registration Committee

The Christina S. Walsh Breast Cancer Foundation is a not-for-profit, Tax Exempt 501(c)3 organization

**WOMEN'S HEALTH DAY
5K RACE AND FAMILY FUN WALK**

BOOSTER FORM

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BONUS PRIZE: The individual who raises the most booster money (minimum \$500) will receive a voucher for two tickets to a DISNEY Broadway show.

RACER NAME _____

Booster money is due by 4/20/07. Any money collected after 4/20/07 will not be counted towards the racers total. The racer is responsible for all money collected. Each racer will collect the money and mail one check to the Christina S. Walsh Breast Cancer Foundation.

BOOSTER NAME	DONATION	BOOSTER NAME	DONATION

** If needed, please print addition copies**

Make checks payable to: Christina S. Walsh Breast Cancer Foundation
Please enclose your payment with order form.

Mail to: Christina S. Walsh Breast Cancer Foundation
P.O. Box 401, New Brunswick, NJ 08903-0401 Att: Booster Committee