

# “SUMMER SOLSTICE”



## 5 mile TRAIL RUN

All proceeds benefit S.C.W.F. Free Mammogram Program

Also:: “SAVE OUR STATE PARKS RALLY”

### FRIDAY, JUNE 12, 2009

**LOCATION:** Kittatinny Valley State Park (Goodale Rd. Entrance)

**CHECK IN:** 4:30 pm **RACE TIME :** 6:30 pm

**Fees:** \$15 Before 5/31/09

**Fees :** \$20 6/1/09 thru race day

**NEW\*\*\*CASH AWARDS of \$100/\$75/\$50 : Top 3 Male/Female**

**AWARDS:: 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> Place overall male & female**

**1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> Place male & female 10 yr. Age groups**

**Amenities\*\* T-Shirts to 1<sup>st</sup> 50 Pre-Registrants++Goody Bags\*while supply lasts**

**\*Floating trophy to High School with highest # of Cross Country runners\***

**DOMINICK’S PIZZA, FRESH FRUIT, BOTTLED WATER**

**Online Registration at**

**www.RaceForum.com/Solstice** Closes midnight 6/10

**Race Contact: Mare #973-919-1373 email: im\_mare58@yahoo.com**

**RACE RESULTS POSTED ON: www.runningintheusa.com/summersolstice**

#### ENTRY FORM

**CHECKS PAYABLE TO S.C.W.F. 37 CAMBRIDGE RD., LAFAYETTE, N.J. 07848**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZC \_\_\_\_\_

E-MAIL ADDRESS:: \_\_\_\_\_ T.S. S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_\_\_

PHONE: HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors ,and administrators, waive and release any and all rights and claims for damages I may have against the sponsoring organization,(S.C.W.F. Friend 2 Friend, Kittatinny Valley State Park, and Andover Township) their representatives, successors, agents, servants or employees, and assignees for any and all injuries suffered by me in said event. I hereby assume all rights in connection with participation in the said run and do not expect to receive any aid, comfort, assistance, direction or any other duty or obligation from the officials or agents.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ **BIBB #** \_\_\_\_\_

(parent or guardian if under 18 yrs. of age)

\*\*\*TAX DEDUCTIBLE\*\*\* cash/check# \_\_\_\_\_