

# Collingswood Book Festival 5k

## 5K Run & 1-mile Family Fun Walk

Celebrate Collingswood Public Library's 100<sup>th</sup> Anniversary & Support the Library.

### SATURDAY, September 24 at 8:30 a.m.



## Knight Park



### Park Ave., Collingswood, NJ

(For Directions email: [friends@collingswoodlib.org](mailto:friends@collingswoodlib.org) or call 856-858-0649)

### REGISTRATION INFORMATION

- \$20 pre-registration for all 5K entries postmarked by September 14, 2011.

Make checks payable to **“Collingswood FOL”**

Send this completed form and check to: **Collingswood FOL**

**771 Haddon Ave.**

**Collingswood, NJ 08108**

- \$15 registration for participants under age 18 (pre-registration or day of race)
- \$ 5 registration for Family Fun Walk/\$20 for Families of 4+ members (pre-registration or day of race)
- \$25 registration for 5K day of race. Registration starts at 7:30 a.m.

### AWARDS

- Trophies will be awarded to the top male and female overall finishers.
- Medallions will be awarded to the top three male and female finishers in the following categories: 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+  
**no duplicate awards**

### AMENITIES

- T-shirts, Awards Ceremony, Refreshments

-----Sponsored by Friends of the Library-----

### **Collingswood Book Festival 5K RELEASE FORM (MANDATORY)**

In consideration of accepting this entry, I, the undersigned, assume full responsibility for any injury or accident which may occur during the event or while I am on the premises of the event. I hereby release and hold harmless the town of Collingswood, Collingswood Public Library, sponsors and race supervisory personnel. I verify that I am physically fit and have sufficiently trained for this running event and a licensed medical doctor has verified my physical condition. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, and record of this event.

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Signature (or parent's if under 18)

Email Address

**Unable to attend but will make a tax deductible donation to FOL: \$ \_\_\_\_\_**

