

EAST BRUNSWICK ROAD RACES 5K TEAM APPLICATION (Pre-registration only)

TEAM NAME: _____ CAPTAIN: _____ TOTAL ENCLOSED: \$ _____

Make checks payable and mail to: East Brunswick Road Races, Inc P.O. Box 6481 East Brunswick, NJ 08816

Last Name _____ First Name _____ Birth Date ___/___/___ Age ___ Sex: M F

Address _____ City _____ State _____ Zip _____ Phone _____

2006 USATF Number _____ T-shirt: (Circle One) S M L XL

In consideration for being allowed to participate in this event, I personally assume all risks relative to my safety, including but not limited to falls, contact with other runners, the effects of the weather, traffic and the conditions of the course. I release the Raritan Valley Road Runners, all organizing committees, the Township of East Brunswick, USATF-NJ, RRCA, all sponsors, representatives and successors from any and all claims by me, my family, heirs or estate for injury or damage which may occur due to my participation. I certify that I am physically fit and qualified to participate, and agree to abide by any decision of a race official relative to my ability to complete the race.

Participant Signature or Parent/Guardian (if under age 18) _____ Date _____ Fee Paid: _____
(\$17.00 \$15 USATF-NJ / East Brunswick Residents)

Last Name _____ First Name _____ Birth Date ___/___/___ Age ___ Sex: M F

Address _____ City _____ State _____ Zip _____ Phone _____

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