

3rd Annual CCTEC TREK
5K FAMILY RUN/WALK



Saturday, October 8, 2016

10:30 AM
RAIN OR SHINE
LOCATION

Deerfield Township Harvest Festival
Rosenhayn Fire and Rescue
678 Morton Ave., Bridgeton NJ 08302
Parking: \$5.00 – No Pets Permitted

Schedule of Events

9:30 am Pre- Registration/Check- In/ Packet pick up
10:30am 5k TREK and 1 Mile Fun Run
Free Admission to awards ceremony*
*(Participants and Family, must show BIB)

REGISTER:

www.cctecnj.org OR
Mail check to: **Bonnie Dolbow**
601 Bridgeton Ave., Bridgeton, NJ 08320
856-451-9000, ext. 235

Awards to follow the 5k Race.

YES, SIGN ME UP! Please print clearly

Name (last)_____ (first)_____ Gender __ male ___ female
Address_____ City_____ State_____ Zip Code_____
Birthdate ___/___/___ Age(on race day) _____ Email _____
Home Phone:_____ Cell: _____
Emergency Contact: Name _____ Phone _____

T-shirts guaranteed to the first 100 participants!

ENTRY FEES: (please check one)

- Early Bird Deadline 9/30/15**
- \$25 5k Run
- \$15 1 Mile Fun Walk (Adults)
- \$5 1 Mile Fun Walk (12 and under FREE)

RACE DAY

- \$30.00 5k Run
- \$20.00 1 Mile Fun Walk

DIVISION AWARDS

- Top 3 Male and Female
- First Male and Female CCTEC Student
- 1st Place Team (combined time)

DONATION ONLY : (I do not plan to run, however donate the following amount) \$ _____

Payment:

Circle One: Cash Check Credit Card
Make Checks Payable to **CCTEC Foundation**

Credit Card (circle one): Visa MasterCard

Credit Card Number: _____

Exp.: _____ CVV: _____

Calling ALL TEAMS: Police, EMS, Firefighters, Track, etc.!
\$5.00 discount to each team member!

Team Name: _____

HOLD HARMLESS WAIVER: Through this registration form, I realize that no medical insurance is provided by the Cumberland County Board of Vocational Education for the above event, and I fully understand that my participation exposes me (or my dependent) to risk of personal injury, death, or property loss or damage. I hereby acknowledge that I am voluntarily participating or allowing my dependent to participate in this event and agree to assume any such risk. I agree, on behalf of myself and my dependent, not to seek payment from the Cumberland County Board of Vocational Education, its Board members and employees for any of the above listed acts that may occur. Signature of Participant (or parent if under 18 years of age) _____

