



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)

Awards to follow the 5k Race.

REGISTER:

www.cctecnj.org OR

Mail check to: Bonnie Dolbow

3400 College Dr., Millville, NJ 08332

856-776-4344, ext. 3210

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)

Payment:

Early Bird Deadline 9/30/16

Circle One: Cash Check Credit Card

___ \$25 5k Run

Make Checks Payable to CCTEC Foundation

___ \$15 1 Mile Fun Walk (Adults)

___ \$5 1 Mile Fun Walk (12 and under FREE)

RACE DAY

Credit Card (circle one): Visa MasterCard

___ \$30.00 5k Run

Credit Card Number: _____

___ \$20.00 1 Mile Fun Walk

Exp.: _____ CVV: _____

DIVISION AWARDS

Calling ALL TEAMS: Police, EMS, Firefighters, Track, etc.!

Top 3 Male and Female

\$5.00 discount to each team member!

First Male and Female CCTEC Student

Team Name: _____

1st Place Team (combined time)

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

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) _____