

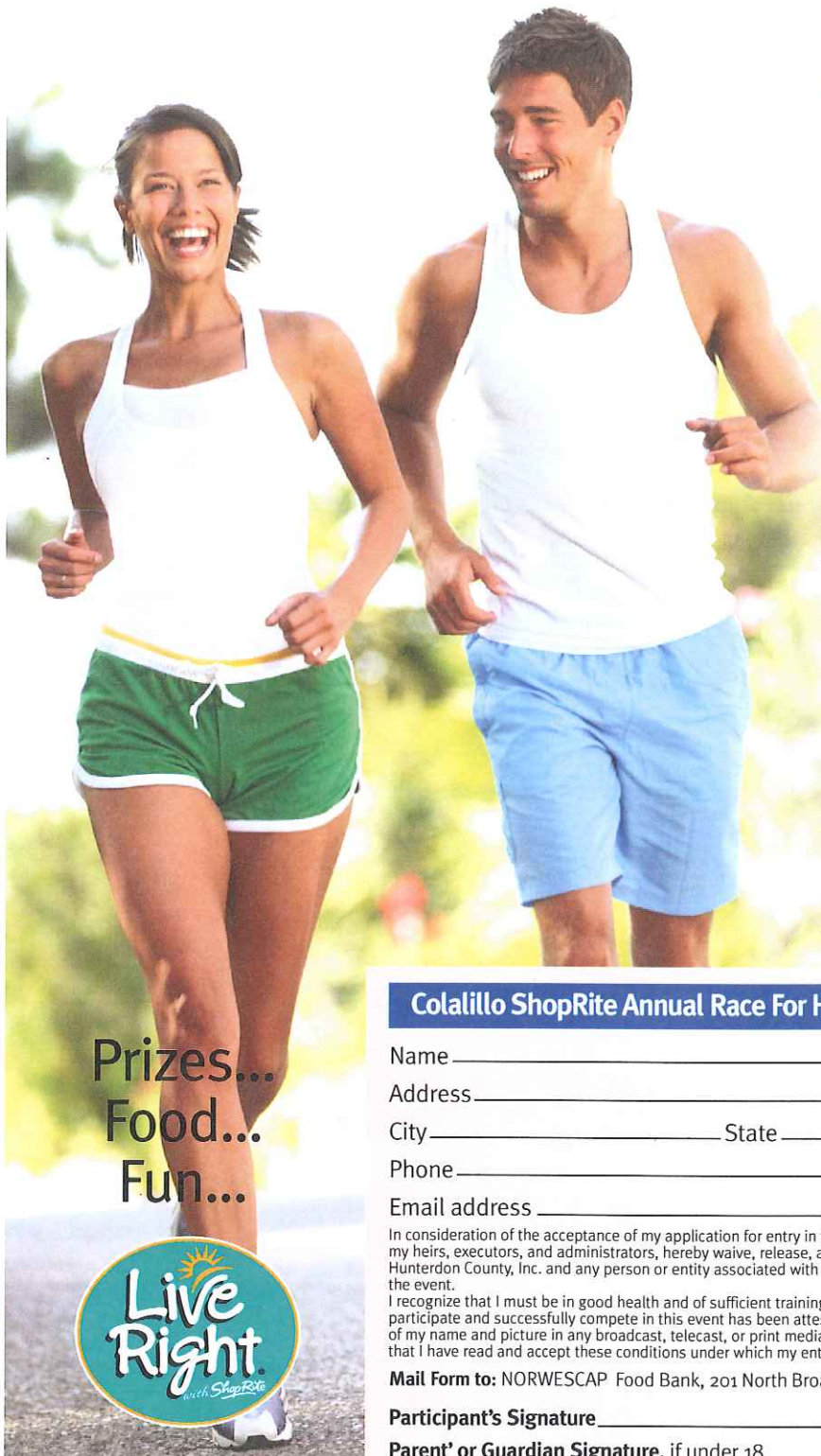


ShopRite

# Colalillo ShopRite 18th Annual 5K

# Race for Hunger

Sunday, September 15, 2013 9:30 am to benefit...



FOOD BANK

**Details:**

**Course:** Scenic 3.1 miles cross country course in Deer Path Park, Hunterdon County

**Registration:** \$20 Pre-registration, includes commemorative shirt, must be received by August 31, 2013. \$25 Race day registration starts at 8:00am, shirts available while they last. Please make checks payable to: NORWESCAP FOOD BANK.

**Mail to:** NORWESCAP Food Bank,  
201 North Broad St.,  
Phillipsburg, NJ 08865

**Awards:**

Awards will be presented to the top three men and women finishers and the first three in the following age groups: 12 and under; 13-16; 17-19; 20-29; 30-39; 40-49; 50-59 and 60 on up. Top three male and female walkers will also be awarded.

**Directions:**

**From the South:** Take Route 202 to the Flemington Circle, go north on 31 to West Woodschurch Road, make right turn.

**From the North:** Take Route 78 West to Route 31 South to jughandle for West Woodschurch Road.

**For additional information call:**

**Mary Anne Sheridan or Shannon Williams**  
at (908) 454-4322.

Prizes...  
Food...  
Fun...



### Colalillo ShopRite Annual Race For Hunger Entry Form

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email address \_\_\_\_\_

**Shirt Size**  Small  
 Med.  Lg.  X-Lg.

**Please Check**

- Walker
- Runner

In consideration of the acceptance of my application for entry in the Colalillo ShopRite Annual 5K Run, I, the undersigned, intending to legally bind myself, my heirs, executors, and administrators, hereby waive, release, and hold harmless the Hunterdon County Board of Chosen Freeholders and ShopRite of Hunterdon County, Inc. and any person or entity associated with the race from any claims for damages of any nature arising out of my participation in the event.

I recognize that I must be in good health and of sufficient training and experience in order to participate in the event. I further state that my ability to participate and successfully compete in this event has been attested to by a qualified, licensed physician. I also give permission for the use, without fee, of my name and picture in any broadcast, telecast, or print media account of this event for promotional and publicity purposes. I further acknowledge that I have read and accept these conditions under which my entry is made.

**Mail Form to:** NORWESCAP Food Bank, 201 North Broad St., Phillipsburg, NJ 08865

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent' or Guardian Signature, if under 18** \_\_\_\_\_ **Date** \_\_\_\_\_