

2nd Annual



Sunday
October 3, 2010

Amsterdam School
Hillsborough, NJ



To Benefit
the
Steeplechase
CANCER CENTER

at Somerset Medical Center

Location

Amsterdam School • 301 Amsterdam Drive
Hillsborough, NJ 08844

Schedule of Events

Registration	6:30 a.m.
25K Run	8:00 a.m.
5K Run	8:30 a.m.
1 Mile Walk	9:30 a.m.
5K Awards	10:00 a.m.
25K Awards	10:30 a.m.

Registration

By mail (postmarked by 9-27-10) or
online at www.raceforum.com/chase

Entry Fees

25K Run	\$40 (postmarked by 9-27) \$37 USATF and SMC Family \$45 After 9-27 and on race day
5K Run	\$22 (postmarked by 9-27) \$20 USATF and SMC Family \$25 After 9-27 and on race day
1 Mile Walk	\$15

Course

USATF certified. Mile Clocks. Energy Stations. Flat and rolling through the scenic neighborhoods and landscapes of Hillsborough and Montgomery Townships. The 25K is an excellent fall marathon prep.

Awards

1st, 2nd, 3rd Overall (M/F) and 5 year age groups
25K: 19 & under to 80 & over
5K: 14 & under to 80 & over
Ribbons to all 1 Mile Walkers

Scoring/Results

Results: ChronoTrack D-Tag
Scoring by www.compuscore.com

Amenities

Steeplechase T-shirt (long sleeve for 25K,
short sleeve for 5K and Walk), Refreshments,
DJ, Goodie Bag

Event Information

908.902.8587
mzrace@oympe.net
www.OYMP.net



RAIN OR SHINE



5K & 25K

Sponsors

Open Road of Bridgewater Mercedes-Benz
Physicians For The Cure
Emergency Medical Associates
ImClone Systems
Anesthesia Consultants of NJ, LLC
Celgene
Oncology Solutions, LLC

OFFICIAL STEEPECHASE DISTANCE RUN ENTRY FORM

Please make checks payable to: The Steeplechase Distance Run **Mail to:** Will to Win • 2411 Route 563 • EHC, NJ 08215

ENTRY FEES (please check)

Do not mail entry form after 9-27-10

- | | |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> 25K Run | \$40 (postmarked by 9-27) |
| <input type="checkbox"/> 25K Run | \$37 USATF and SMC Family |
| <input type="checkbox"/> 25K Run | \$45 After 9-27 and on race day |
| <input type="checkbox"/> 5K Run | \$22 (postmarked by 9-27) |
| <input type="checkbox"/> 5K Run | \$20 USATF and SMC Family |
| <input type="checkbox"/> 5K Run | \$25 After 9-27 and on race day |
| <input type="checkbox"/> 1 Mile Walk | \$15 |

Please check

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> 25K | <input type="checkbox"/> 5K | <input type="checkbox"/> 1 Mile Walk |
|------------------------------|-----------------------------|--------------------------------------|

T-Shirts

Adult T-Shirt Size: S M L XL

Youth T-shirt Size S M L

25K – long sleeve 5K and 1 Mile – short sleeve

Please accept my additional donation of
\$_____ for The Steeplechase Cancer Center.

Last Name		First Name	
Street		City	
State	ZIP	Phone	
Gender (m/f)	Age on Race Day	DOB	
Email		2010 USATF#	

Waiver/Release: In consideration of this entry being accepted, I hereby waive and release any claims against the Somerset Medical Center, The Steeplechase Cancer Center, Hillsborough Township, Montgomery Township, Hillsborough Board of Education, OYMP, their member companies, staffs, officers, directors, volunteers, sponsors, successors or assigns for injuries that I may suffer in this event. Further, I grant the right to use my likeness in any photographic record of the Steeplechase Distance Run. I further attest that I am medically and physically able to participate in said event.

Signature (parent or guardian if under 18)

Date