

The Gloucester County Board of Chosen Freeholders

Stephen M. Sweeney, Freeholder Director & Joseph A. Brigandi, Jr., Freeholder Liaison

25th Anniversary ROLLING THUNDER 5K RUN APRIL 17, 2010 CLAYTON, NJ



Race Hotline:
856 468-1445 X 2300 or
lmather@co.gloucester.nj.us

CERTIFIED COURSE ♦ CUSTOM T-SHIRT TO FIRST 100 REGISTRANTS ♦ POST RACE DRAWINGS

REGISTRATION: 8:00 AM

5K RACE TIME: 9:00 AM

**REGISTRATION: \$12.00 PRE- RACE
\$15.00 RACE DAY**

**AWARDS: Trophy to Overall male & female
Trophy to Overall wheelchair m&f**

MEDALS to: 1ST, 2ND, and 3rd male & female:

**WHERE: Clayton Municipal Building
Delsea Drive & High Street
Clayton, NJ**

**14 & under; 15-19; 20-29; 30-34; 35-39; 40-44;
45-49; 50-54; 55-59; 60-64; 65-69; 70&over
Trophies to winners in each Team Challenge**

-----**ENTRY FORM**-----



Last Name _____ First _____

Street _____ City _____

State _____ Zip _____ email _____

Telephone _____ M ___ F ___

Age on Race Day _____ Shirt Size: M ___ L ___ XL ___

TEAM CHALLENGE CATEGORIES

(Please submit min. 3 entries collectively)

Corporate Team _____

County Team _____

Law Enforcement _____

School District _____

Club Team _____

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Office of Educational and Disability Services at 856-681-6128/New Jersey Relay Service 711 or the EEO office at 856-384-6903.

Release: In consideration of this entry being accepted, I hereby for myself, my heirs, executors and administrators waive and release any claims I may have against the Gloucester County Board of Chosen Freeholders, the Borough of Clayton, all the sponsors or successors for any injuries that may be suffered by me in this event. I attest that I have full knowledge of the risk involved and I am physically fit to participate in this race.

Signature or Parental signature if under 18: _____ **Date** _____

PLEASE MAKE CHECK PAYABLE TO: CLAYTON ELKS RECREATION FUND

MAIL ENTRY FORM TO: GCIT 1340 Tanyard Road

**Office of Educational & Disability Services – L. Mather
Sewell, NJ 08080**