



REGISTRATION

Sign me up! I wish to be a PARTICIPANT!

**MUST BE
POSTMARKED BY OCT. 11**
MAIL TO:
Barwick Group
330 Ratzer Road, Suite A-4
Wayne, NJ 07470

REGISTRANT INFORMATION

NAME _____

ADDRESS (street) _____
(city) _____ (state) _____ (zip) _____

PHONE _____

E-MAIL _____

GENDER (M or F) _____ 2019 USATF-NJ # _____

AGE on RACE DAY _____ DATE of BIRTH _____

EVENT SELECTIONS / FEE

CHECK ENCLOSED, payable to **St. Catherine of Siena Parish**

<input type="checkbox"/> 5K RUN	<input type="checkbox"/> FUN FIT MILE
<input type="checkbox"/> \$30 ALL AGES, non-USATF	<input type="checkbox"/> \$30 ALL AGES, non-USATF
<input type="checkbox"/> \$27 USATF	

T-SHIRT SIZE - SHIRTS ONLY GUARANTEED TO REGISTRATIONS RECEIVED BY 10/1

ADULT SMALL MEDIUM LARGE X-LARGE

WAIVER RELEASE

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the St. Catherine of Siena R.C. Church, Town of Cedar Grove, team incorporated d/b/a Barwick Group and any or all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. I understand that my information may be shared with third parties.

I understand that my entry fees are non-refundable and my participation in the SCS-Heritage Fund 5K and Fun Fit Mile is non-transferable and non-refundable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature _____ Date _____

- ASSOCIATE Sponsor**
Friel Brothers Paving Co. Inc.
- PLATINUM Sponsors**
O'Toole Scrivo
Sandies Specialties
The Frungillo Family
Pat & John Braun
K. Macken Landscaping
State Farm/ Edwin G. Mata
Holsman Physical Therapy & Wellness
- GOLD Sponsors**
O'Toole Scrivo
Barwick Group
Evident Title Agency
The Grove
Peluso Orthodontics
McNichol Family Realty
Coldwell Banker
Cornerstone 2
- SILVER Sponsors**
O'Toole Scrivo
Century 21 Cedarcrest Realty/
Rick Lodato Team
Green Mountain Landscape
Contractors/Nick Lodato
SCS Rosary Ministry
Joanne & Sal Paonessa
Fr. Charlie
Mount St. Dominic Academy
Sue & Kevin Moriarty
Michele Degan
Linwood & Carol Bailey
E & M O'Hara Electric
Barbara Amato
Hardbodyz Fitness
Esposito's Pizza & Deli
Del Monico's
The Loftus Family
John Falivene/ Fallivene Agency
Investors Bank
Ryker & Logan Cook

SPONSOR a RUNNER or WALKER



Yes ... I wish to SPONSOR a PARTICIPANT in the
2019 SCS Heritage Fund 5K & Fun-Fit Mile.

SPONSOR INFORMATION

NAME _____
as you want it listed as a Participant Sponsor

ADDRESS (street) _____
(city) _____ (state) _____ (zip) _____

PHONE _____

E-MAIL _____

Your Sponsorship / Name will be listed as above.

If you prefer your Sponsorship to be listed as "Anonymous", CHECK HERE

WHO ARE YOU SPONSORING ?

I wish to SPONSOR _____
provide SPECIFIC NAME of Participant you wish to Sponsor.

To view Participant Names, go to Event Website — scs-hf5k.com
On home page, click on BLUE button "Click Here to Sponsor a Participant."
This will take you to an alphabetical listing of Participants-to-date
and begin the Sponsor process

I wish for the Committee to select a Participant for me to Sponsor.

DONATION

CHECK/ DONATION ENCLOSED \$ _____
Please make check payable to **St. Catherine of Siena Parish**

MAIL TO: MUST be postmarked by Oct. 1 to appear on the website

Barwick Group
330 Ratzler Road, Suite A-4
Wayne, NJ 07470

Signature _____

Date _____

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