Watchung Hills Regional Municipal Alliance Mile Harvest Festival Fun Fitness Walk WHRMA is a volunteer organization concerned about the DRUG & ALCOHOLATION

Warren Township, Watchung Borough, Long Hill Township, & Green Brook Township.







STATE OF NEW JERSEY GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

DATE: Saturday

October 22nd

Run Registration 8:00 am Race Start: 9:00 am

Walk Registration/Start 9:00 am or 1:30pm-3:00pm

LOCATION: WATCHUNG LAKE

Phillips Field - Brookdale Rd Watchung, NJ Mobus Field

VIRTUAL - \$15

ENTRY FEE due OCT 13th

Received on or Before Oct. 13th -

Run - \$25.00 Walk - \$15.00 Adult Walk - \$5.00 Kids 14 yrs & under

Received After Oct. 13th -

Run - \$30.00 Walk-Same as above Adults-Register for in-person by 10/13 & receive a T-shirt. After 10/13-while supplies last

5K Prize Categories for In-person participants

	Medals Fi	irst, Secon	Awards:			
Women			Men	Youth		
15-19	40-49	15-19	40-49	Girls 14 & Under	Overall Adult Male & Female Winner	
20-29	50-59	20-29	50-59	Boys 14 & Under	\$50.00 gift certificate & trophy	
30-39	60-69 & 70+	30-39	60-69 & 70+		In-person participants receive a goody bag	

MAKE CHECKS PAYABLE TO: WHRMA - Watchung Hills Regional Municipal Alliance MAIL CHECKS AND APPLICATION TO: WHRMA 46 Mountain Blvd., Warren, NJ 07059 Questions call: Iris Alston or Alicia Carman at 908-753-8000 ext. 294

On-site & on-line registration available www.runsignup.com/whrma5k or at www.bestrace.com

THE WATCHUNG HILLS REGIONAL MUNICIPAL ALLIANCE 2022-5K RUN OR 1 MILE WALK REGISTRATION APPLICATION

Last Name			First Name		
E-MAIL Address					Gender □ Male □ Female
Home Address					Age as of 10/22/22
City/Town		Sto	ite		Zip Code
Home #		Cell #			Birthdate
Activity:	□ Runner □ \	Walker [■ Wheelchair	□ Don	ation
Long Sleeve T-Sh	iirt size (adult) 🛚	Small \square Me	dium 🗆 Large	e 🗆 Ex	tra large (IN PERSON ONLY)

Acceptance declaration:

- I hereby acknowledge for myself and/or my participating child, that I, my child's or mine/their heirs, executors and administrators waive and release any claims that may arise against The Watchung Hills Regional Municipal Alliance or their representatives or volunteers, successors or assignees for any injuries that may be suffered by me or by my child during
- I further certify that I and/or my child are physically able to participate in this event.
- I further authorize the use of my name/photo or my child's name/photo for event publicity.

Signature:	Date:	
	-	