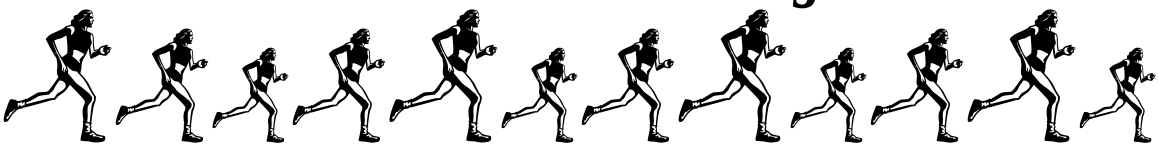
"OpGrad" FUN RUN/WALK

14th Annual Park Ridge 5K



SUNDAY, OCTOBER 14, 2012

To Benefit the Park Ridge High School Class of 2013

8:30 – 9:15 a.m. **Registration and Packet Pick-Up at High School Mini-Gym (on Wampum Rd.)**
9:30 a.m. **5K Run / Walk Start**
Awards: **Top 3 Male and Female Overall, Top 3 M/F 10 and under, 11-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60+; A Variety of Raffle Prizes will be given post race!!**
T-shirts: **Guaranteed to the first 200 registrants**

Directions: **Start and Finish are at Park Ridge HS, 2 Park Ave., Park Ridge, NJ.**

From the South: Garden State Parkway North to Exit 168. Turn right onto CR-502 / Washington Ave. Go ½ mile and turn left at light onto Pascack Rd. Go approx. 2.5 miles and turn right onto Wampum Rd. (just before 3rd traffic light – Park Ave.)

From the North: NY State Thruway to Exit 14A – Garden State Parkway. Take the School House Rd. exit toward Chestnut Ridge. Turn left at end of ramp onto Schoolhouse Rd. (later changes to Spring Valley Rd.) Go 1.5 miles to second traffic light. Turn left onto Grand Ave. Go 0.9 miles and turn right onto Pascack Rd. Go approx. 0.7 miles and turn left onto Wampum Rd. (just after first light – Park Ave.)

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RegistrationForm

Register me in the _____5K _____Fun Walk
Entry fee: By mail received by 09/25: $20.00 adults $15.00 students under 18
After 09/25: $25.00 adults $20.00 students under 18
$2.00 discount for USATF-NJ members

Amount Enclosed $_____ (Please make checks payable to Op Grad 2013)
I cannot participate in the run, but would like to make a donation in the amount of $_____

Last Name: _____ First Name: _____
Address _____
City _____State _____ Zip Code _____
Email Address_____
Male ___ Female ___ Date of Birth_____ Age on Race Day _____
Phone _____ ATF Number_____ Shirt Size: S M L XL

Please read carefully and sign Release and Waiver of Liability: In consideration of your accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Operation Graduation 2012, Park Ridge High School, the Park Ridge Board of Education, the Borough of Park Ridge, sponsors, their staff, officials, volunteers and any representatives, for any and all injuries to me in said event. I also give permission for the use of my name and/or picture in any newspaper, broadcast or other account of this event. Furthermore, I certify that I am physically capable of successfully competing in this event.

_____
Signature Date If under 18, signature of Parent/Guardian

Mail completed application and payment to: Park Ridge H. S., c/o OpGrad 2013, 2 Park Ave., Park Ridge, NJ 07656
(For further information, please contact Joelle Kuron at 201-406-7868 or e-mail: joellekuron@gmail.com

Thank you for supporting the Class of 2013