SAINT BARNABAS HEALTH CARE SYSTEM
Monmouth Medical Center Foundation

DUATHLON 2010

REGISTRATION FORM

SUNDAY, OCTOBER 10, 2010
SANDY HOOK, NEW JERSEY
START TIME: 8:00am
15K BIKE + 5K RUN *or* 5K RUN/WALK

READY...SET...CURE. RAIN OR SHINE

TWO WAYS TO REGISTER: 1) Go to www.RaceForum.com/WCD (no extra fees) to register online *or*
2) Mail check and entry form to: Monmouth Medical Center Foundation, 300 Second Ave, Long Branch, NJ 07740

LAST NAME _____ FIRST NAME _____
PHONE _____ E-MAIL _____
DATE OF BIRTH _____ AGE _____ SEX M F
SHIRT SIZE (CIRCLE ONE) S M L XL XXL

LAST NAME _____ FIRST NAME _____
PHONE _____ E-MAIL _____
DATE OF BIRTH _____ AGE _____ SEX M F
SHIRT SIZE (CIRCLE ONE) S M L XL XXL

CHECK APPROPRIATE LEVEL

☐ A-Expert ☐ B-Intermediate ☐ C-Novice ☐ D-Family 5K

PRE-REGISTRATION (Postmarked by 8/31/10)	LATE REGISTRATION (9/10-10/6/10 or until full) *RACE FIELD IS LIMITED TO 500*	NO RACE DAY REGISTRATION
Individual: $69 | Team: $120	Individual: $80 | Team: $140	
5K Family Fun Run/Walk: $15	5K Family Fun Run/Walk: $15	

APPLICANTS MUST SIGN WAIVER:

I certify that I have read the contents of this registration for The Women's Council "Duathlon 2010," sponsored by the Saint Barnabas Health Care System and Monmouth Medical Center Foundation. I have been informed of and understand the risks that may be associated with my participation in the Duathlon and I do hereby assume full and complete responsibility for my actions. I hereby release and hold harmless the Saint Barnabas Health Care System, its affiliates, the Monmouth Medical Center Foundation, its staff, agents from all liability related my participation in "Duathlon 2010." I also hereby grant permission to take photographs of me and I hereby release and hold harmless, Monmouth Medical Center, Monmouth Medical Center Foundation, its officers, agents and employees from any and all liability related to the taking and the use of such photograph(s).

Signature Bike _____ Date _____

Signature of Parent (if under 18) _____

Signature Runner _____ Date _____

Signature of Parent (if under 18) _____

_____ My payment is enclosed. (Make checks payable to MMCF/Duathlon.)

_____ Charge (Check One) ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

ONE ENTRY PER APPLICATION • THIS MAY BE REPRODUCED • NO REFUNDS, EXCHANGES OR TRANSFERS

DUATHLETE'S CHECK LIST

- ☐ Entered the correct race
- ☐ Check or money order to: MMCF, 300 Second Avenue, Long Branch, NJ 07740
- ☐ Completed and signed registration form
- ☐ Selected shirt size indicated
- ☐ Marked calendar: 10/8 for Registration Pick-Up

the women's council
for the Leon Hess Cancer Center at Monmouth Medical Center

Honorary Chair: Diane Gooch
Event Coordinators: Janice Knopf, Claire Strouse & Kelly Zaccaro

For more information: www.monmouthfoundation.org