



SATURDAY, OCTOBER 10, 2009
SANDY HOOK, NEW JERSEY

READY...SET...CURE.

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

STREET ADDRESS

CITY STATE ZIP CODE

PHONE E-MAIL

DATE OF BIRTH AGE SEX M F

SHIRT SIZE (CIRCLE ONE) S M L XL XXL

CHECK APPROPRIATE LEVEL (Choose one from each line below)

- 1) A-Expert B-Intermediate C-Novice
2) Individual Team Volunteer

PRE-REGISTRATION (POSTMARKED BY 8/31/09)

LATE REGISTRATION (9/1-9/21/09)

INDIVIDUALS: \$100 \$150
TEAM: \$150 \$200 (Bike or Runner)

Registration Pick-up: 9/26 from 10am-12pm • McLoone's Rum Runner, Sea Bright

APPLICANTS MUST SIGN WAIVER:

I certify that I have read the contents of this registration for The Women's Council "Duathlon 2009," 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 2009." 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 _____ 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: Saturday, September 26th
for Registration Pick-Up