



# 10th Annual Steeplechase Distance Run

## 10K - 5K - 2 Mile Walk

Sunday, September 30, 2018

Amsterdam School  
301 Amsterdam Drive  
Hillsborough, NJ 08844

The 10K and 5K are USATF Certified Courses on fast, flat roads through the neighborhoods and landscapes of Hillsborough Township. Water stops and mile clocks throughout course. ChronoTrack B-Tag Scoring. Results by compuscore.com



For more information and to register online, visit [steeplechasedistancerun.com](http://steeplechasedistancerun.com)

### Schedule (Rain or Shine):

Registration	7:30 a.m.
10K	8:45 a.m.
5K	9:30 a.m.
2 Mile Walk	9:30 a.m.
10K Awards	10:15 a.m.
Kids' Sprints	10:45 a.m.
5K Awards	11:00 a.m.

### Entry Fees: (check one)

- I am a cancer survivor.
- I am participating in the 100 Mile Challenge.
- 10K  5K  2 Mile Walk
  - Before September 26 \$30
- USATF or RWJ Somerset Employee \$27
- All Entries After September 26 \$33
  - Kids (15 & Under) \$15
  - Kids' Sprints \$10

### Adult Shirt Size:

Small    Medium    Large    X-Large

### Youth Shirt Size:

Small    Medium    Large    X-Large

### Awards (10K/5K):

1st, 2nd, 3rd Overall (M/F); 1st, 2nd, 3rd Hillsborough Residents (M/F); 5-year age groups from 14 & Under to 85 & Over (M/F)

\* new age group added for 5K in 2018: 10 & Under

Ribbons to all Kids' Sprints participants

Credit Card:

American Express    VISA    Mastercard    Discover

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date on Card: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send checks made payable to: Somerset Health Care Foundation  
110 Rehill Avenue, Somerville, NJ 08876 Attn: Steeplechase Distance Run If  
paying by credit card, fax registration form before September 24  
to (908) 704-2734.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: M or F (please circle)    Age on Race Day: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

2018 USATF-NJ # (if applicable) \_\_\_\_\_

Team Name: \_\_\_\_\_

I hereby for myself, my heirs, executors, administrators of legal representatives and successors, release and forever discharge the race officials, RWJUH Somerset, Somerset Health Care Foundation, Amsterdam School, Hillsborough Township, volunteers and all participating sponsors from any claims, demands, suits or actions for any injuries or damages I may sustain as a result of participation in this event. I certify that I am in good physical condition for this event.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian in Participant is under 18: \_\_\_\_\_ Date: \_\_\_\_\_