

6<sup>th</sup> Annual  
**Tom Kitchen Memorial Fund**

5K Walk/Run  
**Sunday, June 2, 2019**



**Time:** 10 am (rain or shine)  
Field of Dreams, Independence, NJ

**Registration 8:30-9:30am**

Runner Awards

(Top 3 Male & Female Runners in each age group)

Ages 15 & under  
Ages 16-20  
Ages 21-29  
Ages 30-39

Ages 40-49  
Ages 50-59  
Ages 60 +

**Entry Fees:**

Sent in by May 15th: \$25 (T-Shirt Included)  
Same day registration: \$30 (first come first serve T-Shirt)

**Make Check Payable to:** Tom Kitchen Memorial Fund

Any questions please contact Allison- [trkitchenmemorialfund@yahoo.com](mailto:trkitchenmemorialfund@yahoo.com) or 908-303-5176

**Please detach bottom & mail form to:**

Tom Kitchen Memorial Fund, PO Box 7183, Hackettstown, NJ 07840-7183

To register online and for more information go to: <http://www.trkitchenmemorialfund.com/>

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

Address: \_\_\_\_\_ Town/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Male or Female Age: \_\_\_\_\_

Shirt Size: XS S M L XL 2XL 3XL Circle one: Walk or Run

I hereby release the Tom Kitchen Memorial Fund, the Township of Independence, the promoters, the directors, and all sponsors, and volunteer organizations and their agents or employees and those owning or having interest in the facilities used while traveling or participating in the Tom Kitchen 5K walk/Run for any claim by me, my family, estate, heirs or assigns, for any injury or damage that may be suffered by me. I understand that the Tom Kitchen Fund, promoters, directors, sponsors, and volunteer organizations are under no obligation to provide a physical examination or other evidence to my physical fitness to participate in such an event, the same being my responsibility. I have signed this release freely and voluntarily and with a full understanding of its contents. I acknowledge by my signature that the provisions herein bind me.

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

Parents Signature (if under 18): \_\_\_\_\_