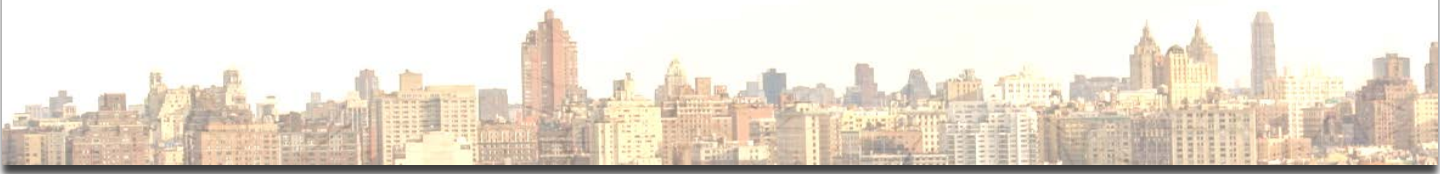


6th ANNUAL NICHOLAS J. SACCO FOUNDATION 5K

Saturday, June 13, 2020 * North Bergen, NJ



featuring

USATF Certified Course with Manhattan Skyline View
Timing/Scoring by Best Racing Systems
Post Race Party with Food, Drink, Awards & Music



Date: Saturday, June 13, 2020 (Rain or Shine – Fees are not refundable)

Location: Braddock Park, 79th St. & Bergenline Avenue, North Bergen, NJ

Registration: Online at <http://bestrace.com/SACCO5K>

By mail: Check payable to NJS Foundation
PO Box 7238, North Bergen, NJ 07047

ON-SITE: 8:30am – 9:30am Race Day

Schedule

8:30am – 9:30am:

Check-in and Race Day Registration

10am: 5K Race

11am – 1pm: Post Race Party

Food, Drink, Awards, Music

5K ENTRY FEES

Run/Walk and Post Race Party:

\$25 until May 24

\$30 after May 24

(T-shirts while supplies last)



NOT A RUNNER? Come JOIN US FOR THE post race PARTY!

Post Race Party Only:

\$20 until May 24

\$25 after May 24



AWARDS



Top 3 Overall Male & Female

Top 3 Male & Female each age group

Top 3 North Bergen Finishers Male & Female

Tear here

Tear here

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Checks payable to: NJS Foundation Mail to: SACCO5K, PO Box 7238, North Bergen, NJ 07047

Name _____

Address _____

City _____ State _____ Zip _____

Gender: Male Female Age on Race Day: _____

email: _____

Entry Fees (please check):

5K & Party Post Party Only

Adult T-shirt size S M L XL XXL

Payment Enclosed: \$ _____

Authorization, Waiver & Release (Participant): In consideration of this entry being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims I may have against the Nicholas J. Sacco Foundation, Township of North Bergen, County of Hudson, and any and all parties, groups, organizations, volunteers, sponsors, and/or any representatives involved in the Annual Nicholas J. Sacco 5K for injuries or damages that may be suffered by me arising out of or related to this event. I state that I am physically able to participate in this event, and I agree to assume all risks inherent in said participation, whether they are apparent to me or not. Further, I grant full permission to any and all of the foregoing to use any photographs, recordings, or any other record of the event for any legitimate purpose, including promotional advertising, without monetary payment to me.

Signature of Participant: _____ Date: _____

Authorization, Waiver & Release (Parent/legal Guardian): As the parent/legal guardian of the minor participant set forth below, I authorize said minor to participate in the event, and on behalf of said minor, myself, his/her other parents/legal guardians, and our heirs, executors and administrators, agree to the provisions set forth in the above participant authorization, waiver and release.

Name of Minor: _____ Signature of Parent/Guardian: _____ Date: _____