

# 7th ANNUAL NICHOLAS J. SACCO FOUNDATION 5K

Saturday, June 24, 2023 \* 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 24, 2023 (Rain or Shine – Fees are not refundable)

**Location:** Braddock Park, 79<sup>th</sup> 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:

\$30 until June 9

\$35 after June 9

(T-shirts while supplies last)



(T-shirt for all pre-registered participants)

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

Post Race Party Only:

\$25 until June 9

\$30 after June 9



## AWARDS



Top 3 Overall Male & Female

Top 3 Male & Female each age group

Top 3 North Bergen Finishers Male & Female

Tear here

Tear here

## 7th ANNUAL NICHOLAS J. SACCO FOUNDATION 5K

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 4th 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: \_\_\_\_\_