BROOKLAWN KNIGHTS COLOR RUSH

FRIDAY, APRIL 5

RAIN DATE APRIL 6

RUN BEGINS at 6:00 PM
ARRIVE AT LEAST 30 MINUTES EARLY FOR CHECK-IN

at Brooklawn Middle School

(IN REAR PARKING AREA)

2 LAPS AROUND THE CROSS COUNTRY COURSE

\$18 PER RUNNER

PARENT SIGNATURE

\$15 PER RUNNER, FOR FAMILIES OF 3 OR MORE (pre-registration only)

DATE

ENTRY FEE INCLUDES T-SHIRT AND GOODY BAG

Goody bags will be picked up by registrants during 8th period the week of the race.

MUST PRE-REGISTER by MARCH 15

(late registrations are not guaranteed a t-shirt)



LIVE MUSIC - DJ • FOOD FOR PURCHASE GAMES • HENNA • GIANT SLIDES

FIRST and LAST NAME	T-SHIRT SIZE (CHOOSE ONE)			MEAL CHOICE (CHOOSE ONE)		
Runner #1	○ youth L ○ adult L	O adult S O adult XL	○ adult M ○ adult XXL	O Pizza	○ Sub	O Burger
Runner #2	○ youth L ○ adult L	○ adult S ○ adult XL	○ adult M ○ adult XXL	O Pizza	○ Sub	O Burger
Runner #3	○ youth L ○ adult L	O adult S O adult XL	○ adult M ○ adult XXL	O Pizza	○ Sub	O Burger
Runner #4	○ youth L ○ adult L	O adult S O adult XL	○ adult M ○ adult XXL	O Pizza	○ Sub	O Burger
Runner #5	○ youth L ○ adult L	○ adult S ○ adult XL	○ adult M ○ adult XXL	O Pizza	O Sub	O Burger
○ I'D LIKE TO VOLUNTEER AT THE EVENT	LESS T	HAN 3 RUNN	IERS	x \$1 8	each =	
EMAIL	LESS THAN 3 RUNNERS x \$18 each =					
TICKETS CAN ALSO BE PURCHASED ONLINE	3 OR MORE RUNNERS x \$15 each =					
www.brooklawnptsa.org HAVE QUESTIONS? EMAIL US AT brooklawnptsa@gmail.com	MEAL VOUCHER(S)* # OF MEAL VO			DUCHERS		
	SUNGLASSES # OF SUNGI			x \$2 each =		
I realize that participating in this event is potentially hazardous activity and that I should not enter unless I am medically able. I assume all risks associated with participating in this event. Having read this waiver and knowing these facts and in consideration of accepting my resignation, I and anyone acting on my behalf, waive and release the Town of Parsippany, Brooklawn Middle School, Brooklawn PTSA, all volunteers and all sponsors, their representatives, employees and successors from any claims and liability of any kind arising out of my participation in this	BANDANA (colors will vary) # OF BAND		DANAS x \$2 each =			
	PLEASE MAKE CHECKS PAYABLE TO: Brooklawn MS PTA			TOTAL enclosed \$		
event or carelessness of the persons named in the waiver. No refunds.		AL FORMA AND			Check #	

RETURN FORM AND PAYMENT TO: BMS PTSA Color Rush Committee

250 Beachwood Road Parsippany, NJ 07054