



# 15<sup>th</sup> Annual Steeplechase Distance Run

## 10K - 5K - 2 Mile



### Sunday, September 24, 2023

**Virtual or In-Person at 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

**Featuring Event T-shirt, Food & Drink, Kids' Sprints, DJ**

#### Schedule (Rain or Shine):

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

#### Entry Fees: (check one)

- 10K    5K    2 Mile Walk
- Before September 20                      \$30
- USATF or RWJ Somerset                      \$27
- All Entries After September 20              \$33
- Kids (15 & Under)                              \$15
- Kids' Sprints                                      \$10

#### Adult Shirt Size:

- Small    Medium    Large    X-Large    XX-Large

#### Youth Shirt Size:

- Small    Medium    Large

#### Cancer Survivor:

- I am a cancer survivor.

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

In the 5K and 10K, awards will be given to 1st, 2nd, 3rd overall (M/W/Non-Binary); 1st, 2nd, 3rd Hillsborough Residents (M/W); 5-year age groups from 10 & under to 85 & over (M/W). Ribbons to all Kids' Sprints participants.

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

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

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

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

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

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

Gender (please circle): M or W or Non-Binary

Age on Race Day: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2023 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: \_\_\_\_\_

Credit Card:  American Express    VISA    Mastercard    Discover

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

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

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

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**Please send checks made payable to:**  
Somerset Health Care Foundation  
Attn: Steeplechase Distance Run  
110 Rehill Avenue, Somerville, NJ 08876

**Robert Wood Johnson | RWJ Barnabas**  
**University Hospital**   **HEALTH**  
**Somerset**  
Steeplechase Cancer Center



For more information or to register online, visit [steeplechasedistancerun.com](http://steeplechasedistancerun.com)  
Proceeds benefit the Steeplechase Cancer Center at Robert Wood Johnson University Hospital Somerset.