



**12TH ANNUAL DAVE LOGAR MEMORIAL
5K RUN/1 MILE WALK
SUNDAY, MAY 16, 2010 @ 10:00 A.M.,
(WALK STARTS AT 9:30) Registration starts at 8:15
COOPER RIVER PARK,
PENNSAUKEN, NJ**

Dave Logar, a standout soccer player from Mt. Laurel, NJ was an inspiration to all those who came in contact with him.

During his days at Lenape High School and at Rowan University, Dave embodied dedication, hard work and enthusiasm. As a way of remembering his spirit for life and his ability to touch people in a meaningful way, we are hosting the 12th Annual Dave Logar Memorial 5K/1 Mile Walk on Sunday, May 16, 2010.

Proceeds from this event will go to: 1) The Dave Logar Lenape Scholarship Fund 2) Individuals in the South Jersey/Philadelphia area with paralysis 3) The Miami Project to Cure Paralysis – the world's largest, most comprehensive research center dedicated to finding more effective treatments for, and ultimately a cure for paralysis. (<http://www.themiamiproject.org>)

COURSE: 5K (Around Cooper River) / 1 Mile Walk (at Track) **TIME:** 1 Mile Walk--9:30 A.M.; 5K Run--10:00 A.M. Registration for both events starts at 8:15

AWARDS: 6 Age Divisions plus overall Male and Female winners

T-SHIRTS: All pre-registered runners receive a T-shirt; all others, while supplies last

ENTRY FEE: \$15 pre-registration (postmarked May 10, 2010), \$20 after May 10 \$15 pre-registration for the 1 Mile Walk,

DIRECTIONS: Available on Website

REGISTRATION: Make checks payable to: Dave Logar Memorial Run

Mail to: Brian Kline 311 Cattell Avenue, West Collingswood, NJ 08107

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Name _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ T-shirt (circle one) S M L XL (circle one) RUN WALK

Email Address _____

Liability release/waiver: In consideration of the entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, administrations, waive and release any and all rights I may have against the organization holding this event, representatives, successors, and assign for any and all injuries suffered in connection with said race. I grant full permission for organizers to use my name an/or photographs, videotapes or other recordings of me that are made during the course of the event.

Signature _____ Date _____

(Parent/Guardian must sign if applicant is less than 18 years of age)