

**City Council**  
 Len Torres, *President*  
 Fran Adelson, *Vice President*  
 Anthony Eramo  
 Eileen J. Goggin  
 Scott J. Mandel

**CITY OF LONG BEACH**

**City Manager**  
 Jack Schnirman

**Assistant Superintendent**  
**Parks & Recreation**  
 Paul Ferrante



**DEPARTMENT OF PARKS & RECREATION**

**26<sup>th</sup> ANNUAL ROBERT McAVOY  
 LABOR DAY FIVE MILE RUN**

**Monday, September 7, 2015 - 8:00am**

**REGISTRATION:** Early Registration \$25.00 before September 4 at 3:00 p.m.  
 Late Registration \$30.00 day of race from 6:30 a.m. – 7:30 a.m.  
**To register online visit [www.longbeachny.gov/rec](http://www.longbeachny.gov/rec) or [www.active.com](http://www.active.com)**

**SEND ENTRIES TO:** 26<sup>th</sup> Annual Labor Day Five Mile Run  
 Long Beach Recreation Department  
 700 Magnolia Boulevard  
 Long Beach, NY 11561 (Payable to City of Long Beach)

**COURSE:** Accurately measured five (5) mile, flat and fast course.  
 Start & finish on Laurelton Blvd and the boardwalk. Race timing by FINISH LINE Road Race Technicians. **\*\*No baby strollers allowed on race course.\*\***

**AWARDS:** Awards to the first four male and female winners in each age category: 14 & under, 15 – 19, 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 49, 50 – 54, 55 – 59, 60 – 64, 65 – 69, 70 – 74, 75-79, 80+; first overall male & female finishers; first Long Beach male & female finishers; and first in wheelchair division.

**T-SHIRTS:** Will be given to all registrants at number pick up on DAY OF RACE beginning at 6:30 a.m.

**For more information visit [www.longbeachny.gov/rec](http://www.longbeachny.gov/rec)**

**All race participants are welcome to use the Beach for free by showing race # at beach entrance!**

**Join us at our next race:  
 The Turkey Trot  
 November 22nd**



LONG ISLAND TRACK & FIELD 2015



**2015 Robert C. McAvoy Labor Day Five Mile Run (Registration - please print clearly)**

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Recreation Department and the City of Long Beach their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor.

**PRINT NAME** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TEL. #** \_\_\_\_\_

**AGE on 9/7** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **WHEELCHAIR** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **PARENT SIGNATURE** \_\_\_\_\_  
*(If under 17 years of age)*

<b>FOR RECREATION DEPT. USE ONLY</b>			
RECEIPT # _____	AMOUNT PAID _____	DATE _____	STAFF _____