

City Council
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CITY OF LONG BEACH

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**Assistant Superintendent of
Recreation**
Paul Ferrante



RECREATION DEPARTMENT

38th ANNUAL CITY MANAGER'S 10-MILE TROPHY RUN

Dedicated to the memory of Ralph Kaplan

SUNDAY, MAY 25th 2014 – 8:00 A.M.



REGISTRATION: Early Registration **\$20.00** before Friday, May 23, 2014 at 4:00 p.m.
Late Registration **\$25.00** day of race from 6:30 a.m. – 7:30 a.m.
at the Recreation Center Parking Lot (next to Recreation Center, 700 Magnolia Blvd).

REGISTER ONLINE WWW.ACTIVE.COM

SEND ENTRIES TO: Long Beach City Manager's Trophy Run
Long Beach Recreation Department
700 Magnolia Boulevard
Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured 10 mi, flat & fast course (entire course will be posted on website at www.longbeachny.gov/rec)
Start at West Park Avenue & Magnolia Blvd & finish at Magnolia Blvd & the Bay
Race timing by FINISH LINE Road Race Technicians.

AWARDS: Awards to the first three 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 Plus; First Overall Male and Female finishers;
First Long Beach Male and Female finishers; First Physically Challenged Male and
Female finishers; First Male and Female Military Veteran finishers.

T-SHIRTS: Will be given to all registrants at number pick up on DAY OF RACE beginning
at 6:30 a.m. in the Recreation Center Parking Lot, 700 Magnolia Blvd.

**For information call the
Recreation Center
(516) 431-3890
or visit
longbeachny.gov/rec**



**Our next race:
Sean Ryan Memorial
1K & 5K Family Fun Run.
Saturday, June 28th
at 8:00 a.m.**

CITY MANAGER'S RUN 2014

PLEASE PRINT CLEARLY

>> PUT TELEPHONE NUMBER ON CHECK<<

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 City of Long Beach, Long Beach Recreation Department, 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 sufficiently trained for the completion of this 10-MILE Run and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ M ___ F ___

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL. # _____

AGE on 5/25 _____ D.O.B. _____ PHYSICALLY CHALLENGED: YES VETERAN: YES (circle)

E-MAIL _____ SHIRT SIZE (circle one) S, M, L, XL, XXL

SIGNATURE _____ PARENT SIGNATURE _____

(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____

