Len Torres

CITY OF LONG BEACH

City Manager
Jack Schnirman





DEPARTMENT OF PARKS & RECREATION

10th Annual City Council TURKEY TROT

Sunday, November 23, 2014

One Mile Race begins at 8:30 am 10K (6.2 Miles) Race begins at 9:00 am

REGISTRATION: One Mile Race (for ages 17 & under) \$5.00 – pay on day of race from 7:00am-8:00am

10K Race Early Registration \$25.00 before November 21 at 4:00 p.m.

Day of Race Registration \$30.00 begins at 7:00am

To Register online visit www.longbeachny.gov/rec

SEND 10th Annual Turkey Trot

ENTRIES TO: Long Beach Recreation Department

700 Magnolia Boulevard

Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Start & finish on Riverside Blvd and the boardwalk. Accurately measured flat and

fast course. Race timing by FINISH LINE Road Race Technicians.

No baby strollers allowed on race course.

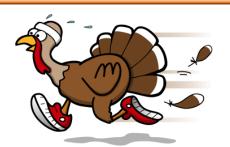
AWARDS: 1 Mile Awards: top three male and female finishers and 10 & under, 11-14, 15-17

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+; first overall male & female finishers; first Long Beach male & female finishers

T-SHIRTS: Will be given to all registrants at number pick up on DAY OF RACE beginning

at 7:00 a.m.

For information or applications visit www.longbeachny.gov/rec or call the Rec Center (516) 431-3890



Please bring a non-perishable food item to benefit those in need in our community.

2014 TURKEY TROT	(Registration - ple	ease 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. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video, of me or my child while participating in this Recreation program.

PRINT NAME			M F	□10K □1 Mile	
ADDRESS					
CITY	STATE	ZIP	_ TEL.#_		
AGE on 11/23	D.O.B	WHEELCHA	AIR		
E-MAIL	SHIRT SIZE (circle one) YS,YM, YL S, M , L, XL				
SIGNATURE		PARENT SI	GNATURE		

FOR RECREATION DEPT. USE ONLY						
RECEIPT #	AMOUNT PAID	DATE	STAFF			