



WATERFRONT WARRIORS 5K

WHEN: Sunday, July 19, 2015 at 8:00 a.m.

REGISTRATION: Early Registration **\$20.00** (must be postmarked by July 13, 2015)
 Late Registration **\$25.00** day of race from 6:30 – 7:30 a.m.
 at Long Beach Catholic Regional School (West Broadway & New York Ave.)
REGISTER ONLINE WWW.ACTIVE.COM
 Free for all active military personnel (must show I.D. at time of registration)

COURSE: Accurately measured 5K (3.1 miles), flat and fast course on the Boardwalk.
 Race timing by FINISH LINE ROAD RACE TECHNICIANS.

AWARDS: Awards to the 1st three Male & 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 plus.
 1st Overall Male & Female finishers; 1st Long Beach Male & Female finishers.
 1st Physically Challenged Male and Female finishers.
 Top 3 Male & Female active military; Top 3 Male & Female veterans; Top 3 Male
 & Female disabled veterans.

SEND ENTRIES TO: Waterfront Warriors 5K
 PO Box 210
 Long Beach, NY 11561

CHECKS PAYABLE TO: Long Beach Waterfront Warriors

For information visit:
www.lbwaterfrontwarriors.org,
www.longbeachny.gov, www.flrrt.com, www.active.com

The Long Beach Waterfront Warriors honor and aid wounded, ill and injured veterans and their families.
 The Long Beach Waterfront Warriors is a project in cooperation with The City of Long Beach, N.Y.
****No baby strollers allowed on race course****

2015 Waterfront Warriors 5K (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 Waterfront Warriors 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.

NAME _____ **M** ___ **F** ___ **AGE on 7/19/15** _____ **D.O.B.** _____

PHY. CHALL. ___ **ACTIVE MILITARY** ___ **VETERAN** ___ **DISABLED VETERAN** ___

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **TEL. #** _____

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

SIGNATURE _____ **PARENT SIGNATURE** _____
 (If under 17 years of age)

For Staff Use Only: Date _____/15 Staff _____ Posted _____
