

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

# CITY OF LONG BEACH

City Manager  
Jack Schnirman

Asst. Superintendent  
Parks & Recreation  
Paul Ferrante



## DEPARTMENT OF PARKS & RECREATION

# 4-MILE SNOWFLAKE RACE

## Saturday, February 7, 2015

### *On the Long Beach Boardwalk!*

### *Race begins at 9:00am*

<b>REGISTRATION:</b>	\$25.00 Pre-registration deadline Friday, February 6, 2015 at 4:00 p.m. \$30.00 Day of Race from 7:30 – 8:30 a.m. at Long Beach Catholic Regional School in the gymnasium, located at 735 West Broadway, Long Beach, NY <b>To Register online visit <a href="http://www.longbeachny.gov/rec">www.longbeachny.gov/rec</a></b>
<b>SEND ENTRIES TO:</b>	4-MILE SNOWFLAKE RACE Long Beach Recreation Department 700 Magnolia Boulevard Long Beach, NY 11561 (Payable to City of Long Beach)
<b>COURSE:</b>	Start & finish on New York Avenue and the boardwalk. Accurately measured flat and fast course. Race timing by FINISH LINE Road Race Technicians. **No baby strollers allowed on race course.**
<b>AWARDS:</b>	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; first physically challenged male & female finisher
<b>T-SHIRT &amp; NUMBER PICKUP:</b>	On DAY OF RACE beginning at 7:30 a.m. in the Long Beach Catholic Regional School gymnasium (735 West Broadway) Entrants will receive a long-sleeve Snowflake Race t-shirt while supplies last



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



The next race will be the Race To Rebuild  
In April 2015

### 2015 SNOWFLAKE RACE (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 Parks & 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.

**FOR ACCURATE RESULTS, PLEASE PRINT & FILL IN ALL INFORMATION CLEARLY:**

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

ADDRESS \_\_\_\_\_

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

AGE on 2/7 \_\_\_\_\_ D.O.B. \_\_\_\_\_ WHEELCHAIR DIVISION \_\_\_\_\_

E-MAIL \_\_\_\_\_ SHIRT SIZE (circle one) S, M, L, XL Youth S M L

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

FOR RECREATION DEPT. USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_ STAFF \_\_\_\_\_