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CITY OF LONG BEACH

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Asst. Superintendent
Parks & Recreation
Paul Ferrante

DEPARTMENT OF PARKS & RECREATION

4-MILE SNOWFLAKE RACE

In Memory of Joseph F. Farrell

Saturday, February 6, 2016

On the Long Beach Boardwalk!

Race begins at 9:00am

REGISTRATION:	\$25.00 Pre-registration deadline Friday, February 5, 2016 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 To Register online visit www.longbeachny.gov/rec
SEND ENTRIES TO:	4-MILE SNOWFLAKE RACE Long Beach Recreation Department 700 Magnolia Boulevard Long Beach, NY 11561 (Payable to City of Long Beach)
COURSE:	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.**
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+; first overall male & female finishers; first Long Beach male & female finishers; first in wheelchair division male & female finisher
T-SHIRT & NUMBER PICKUP:	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
or call the Rec Center (516) 431-3890.

LONG ISLAND
TRACK & FIELD



The next race will be the Race To Rebuild
In April 30, 2016

2016 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 2/6 _____ 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 _____