

*The 15th Annual
Judi Shesh
Memorial 5k,
An event for
the whole family!*

- Refreshments
- Giveaways
- Raffles
- Pantene Beautiful Lengths Haircutting Station



Judi Shesh

Perhaps you didn't have the pleasure of personally knowing Judi Shesh. She was a mother, a friend, a community leader, and an inspiration. Although she lost her second battle with breast cancer at the age of 41, her courage, love, and kindness will live forever in the hearts of the people who knew her and loved her.

Please join hundreds of people from all over Long Island to celebrate and honor Judi Shesh while raising money and awareness for Breast Cancer.

**THE 15TH ANNUAL JUDI SHESH MEMORIAL
5K RUN/WALK**

Dedicated to the Fight Against Breast Cancer
Saturday, May 30, 2015 8:30am

Site Information

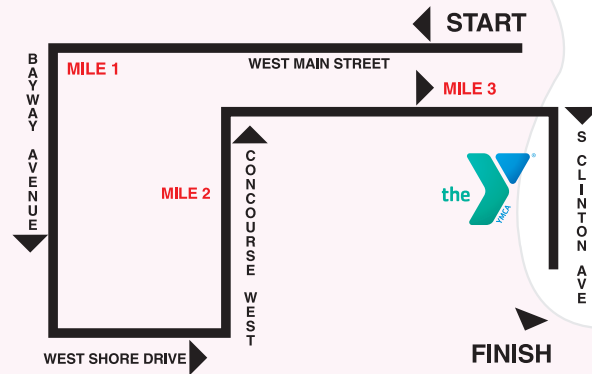
Great South Bay YMCA • 200 Main Street, Bay Shore, NY

STARTING TIME – Race starts promptly at 8:30 am.

DIRECTIONS Southern State Parkway (Exit 42S) or Sunrise Highway to Fifth Avenue Southbound. Fifth Avenue changes into Clinton Avenue – take until intersection of Main Street. YMCA is on corner across from St. Patrick's Church.

PARKING Parking is available at the YMCA and/or St. Patrick's Elementary School located across the street.

COURSE DESCRIPTION The 5K Race will begin at the YMCA and take a scenic route westbound through Bay Shore / Brightwaters finishing at the YMCA. A map will be available on race day.



AWARDS Awards will be presented to top three finishers in each age group, as well as to the overall top male and female runner.

T-SHIRT T-Shirts will be given to the first 600 runners / walkers registered.

ENTRY FEES

- ADULT 5K \$25.00
(Registration postmarked the week of the run) \$30.00
- STUDENT DISCOUNT 5K (12 grade & under) \$15.00
(Registration postmarked the week of the run) \$20.00

REGISTRATION INFORMATION

Register online at



or

Pre-Registration: Can be mailed to: (check payable to "THE JUDI SHESH MEMORIAL FOUNDATION")

JUDI'S 5K RUN/WALK
P.O. BOX 1105
BAY SHORE, NY 11706

- **Pre-Registration Packet** – packet pickup available Friday, May 29, from 11:00am-5:00pm at the YMCA.
- **Race Day Registration** – up until 8:00am on the day of the race.
- **Check-In** – Pre-Registration and Race Day numbers can be picked up at the Y on the day of the race from 6:30-8:00am. No numbers will be issued after 8:00am.

• **Start Time** – The 5K begins at 8:30am sharp rain or shine.

• **NO STROLLERS, SCOOTERS OR PETS!**

TIMING – Timing will be done by F.L.R.R.T. (David Katz) with results posted on site, as well as on the Internet. (www.flrrt.com)

VISIT OUR WEBSITE – www.judisrun.org or message us on Facebook!

It Takes Courage...
TO MEET LIFE'S CHALLENGES

–Allison Pfeiffer

The Judi Shesh Memorial Foundation is a not-for-profit organization pursuant to Section 501(C)(3) of the Internal Revenue Code.

**THE 15TH ANNUAL JUDI SHESH MEMORIAL
5K RUN/WALK ENTRY FORM**

FIRST NAME _____

LAST NAME _____

MALE FEMALE

EACH PARTICIPANT MUST COMPLETE AN ENTRY FORM! To register additional family members, please duplicate this form or visit our web site www.judisrun.org for additional forms.

or

Register online at **active.com™**

AGE ON RACE DAY _____

ADDRESS _____

CITY _____

STATE/ZIP _____

E-MAIL _____
(To be used to communicate race info)

PHONE _____

EMERGENCY CONTACT NAME / PHONE _____

ENTRY FEES / SPONSORSHIPS

- ADULT 5K \$25.00
(Registration postmarked the week of the run) \$30.00
- STUDENT DISCOUNT 5K (12 Grade and under) \$15.00
(Registration postmarked the week of the run) \$20.00

Sorry, I am unable to participate, but I would like to make a sponsorship contribution of \$_____.

Yes, I want to be a sponsor.
(see Sponsorship Opportunities on back)

PARTICIPATION WAIVER

I the undersigned hereby waive and release any and all rights I may have against the Foundation, YMCA, The Village of Brightwaters, The Town of Islip, F.L.R.R.T. and all the sponsors for damages, which I may have arising out of, said event.

I attest and verify that I will participate in this event as a foot race entrant and that I have sufficiently trained and that my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, or any other records of this event for any purpose whatsoever.

If signed by a parent, the parent agrees to release and hold the above named organization and persons harmless of any claims, which may be asserted by or on behalf of the entrant.

SIGNATURE _____ DATE _____
(If participant is under 18, parent/guardian must sign)