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CITY OF LONG BEACH

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RECREATION DEPARTMENT

25th ANNUAL ROBERT McAVOY LABOR DAY FIVE MILE RUN

Monday, September 1, 2014 - 8:00am

REGISTRATION: Early Registration \$25.00 before August 30 at 3:00 p.m.
Late Registration \$30.00 day of race from 6:30 a.m. – 7:30 a.m.
To Register online visit www.longbeachny.gov/rec

SEND ENTRIES TO: 25th Annual Labor Day Five Mile Run
Long Beach Recreation Department
700 Magnolia Boulevard
Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured five (5) mile, flat and fast course.
Start & finish on Laurelton Blvd and the boardwalk. Race timing by FINISH LINE Road Race Technicians. **No baby strollers allowed on race course.**

AWARDS: 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 Plus; First Overall Male and Female finishers;
First Long Beach Male and Female finishers; First Physically Challenged Male and Female finishers

T-SHIRTS: Will be given to all registrants at number pick up on DAY OF RACE beginning at 6:30 a.m.

All race participants are welcome to use the Beach for free by showing race # at beach entrance

**For information
call the
Recreation Center
(516) 431-3890**



**Join us at
our next race:
The Turkey Trot
November 23rd**

visit longbeachny.gov/rec or www.flrrt.com or active.com

2014 Robert C. McAvoy Labor Day Five Mile Run (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 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.

PRINT NAME _____ **M** ___ **F** ___

ADDRESS _____

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

AGE on 9/2 _____ **D.O.B.** _____ **WHEELCHAIR** ___

E-MAIL _____

SIGNATURE _____ **PARENT SIGNATURE** _____

(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ **AMOUNT PAID** _____ **DATE** _____ **STAFF** _____