

City Council
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CITY OF LONG BEACH

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**Asst. Superintendent of
 Parks & Recreation**
 Paul Ferrante



DEPARTMENT OF PARKS & RECREATION

**11th Annual City Council
 TURKEY TROT**

Sunday, November 22, 2015

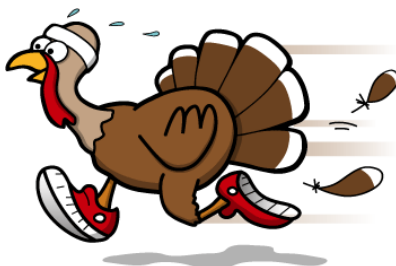
Day of Race Registration at LBCRS 7:00am-8:00am

One Mile Race begins at 8:30 am

10K (6.2 Miles) Race begins at 9:00 am

REGISTRATION:	One Mile Race (for ages 17 & under) \$5.00 in advance or day or race. 10K Race Early Registration \$25.00 before November 20 at 4:00pm. Day of Race Registration \$30.00 begins at 7:00am at Long Beach Catholic Regional School Gymnasium, 735 West Broadway, Long Beach, NY
	To Register online visit www.longbeachny.gov/rec
SEND ENTRIES TO:	11 th Annual Turkey Trot 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:	1 Mile Awards: top three male and female finishers and 10 & under, 11-14, 15-17 Awards to the first three male and female winners in each age category: 10K Race: 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 – 79, 80+; first overall male & female finishers; first Long Beach male & female finishers; and first in wheelchair division.
T-SHIRT & NUMBER PICKUP	On day of race beginning at 7:00am in the Long Beach Catholic Regional School gymnasium (735 West Broadway).

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



Please bring a non-perishable food item to benefit those in need in our community.

2015 TURKEY TROT (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. 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.

PRINT NAME _____ **M** ___ **F** ___ 10K 1 Mile

ADDRESS _____

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

AGE on 11/22 _____ **D.O.B.** _____ **WHEELCHAIR** _____

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

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

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____