### Directions to the Start:

Manorhaven Blvd, Port Washington
From the Long Island Expressway, Exit 36: Go north
approximately 4 miles to Main St., Port Washington.
Turn left. Take Main St. to Shore Rd. Turn right.
Take Shore Road to Manorhaven Blvd. Turn left.
Start is adjacent to Manorhaven Park-- approximately
1/4 mile on left.

### **Parking**

Participants are urged to carpool, arrive early and park in Soundview Marketplace (on Shore Road) or Sousa & Manorhaven elementary school parking lots where there is free parking. Manorhaven Park parking lot closes at 7:30 AM or whenever the lot is full. Local roads close at 8AM.

### **Food Pantry Donations**

At race packet pick up participants are encouraged to donate items and gift cards to the *Our Lady of Fatima* food pantry. Preferred items include cereal, cooking oil, canned fruit, pasta sauce and canned tuna. <u>Expired items will be thrown out on site.</u>
Local area grocery store gift cards or prepaid credit cards are suggested and greatly appreciated!

# The Community Chest of Port Washington

All proceeds from the Port Washington Thanksgiving Day 5 Mile Run go to the Community Chest of Port Washington, a



501 (c) (3) charitable organization dedicated to improving the lives of Port Washington residents. Race fees & contributions are fully deductible to the extent provided by law. To learn more about the Community Chest and the charities it supports, contact info@portchest.org, (516)767-2121, visit www.portchest.org or become a friend on Facebook.

Non-Profit Org. U.S. Postage PAID Flushing, NY Permit No. 1832

Or Current Resident

Community Chest of Port Washington 382 Main Street Port Washington, NY 11050



# Help a Neighbor in Need!

In the spirit of giving thanks, please bring donations for the loca Our Lady of Fatima Food Pantry to race packet pick up. Preferred items include unexpired cereal, cooking oil, canned fruit, pasta & sauce and canned tuna. Local area grocery store gift cards or prepaid credit cards are suggested

THE
COMMUNITY
CHEST OF
PORT
WASHINGTON





& THE
TOWN OF
NORTH
HEMPSTEAD

CO-PRESENT

# 40<sup>th</sup> ANNUAL PORT WASHINGTON THANKSGIVING DAY 5 MILE RUN

Sanctioned & Certified by USATF

Benefiting The Community Chest of Port Washington

Thanksgiving Day
Thursday, November 26, 2015
8:30AM
Start: Manorhaven Boulevard
Port Washington, NY
(adjacent to Manorhaven Park)

### **Registration Procedures**

### Mail or Walk-In

Deadline: Form & payment must be in the Community Chest office by Monday, November 23, 2015 at 3pm

Fees: Adult: \$35; Ages 9 – 21 \$25

Complete the application form (making sure to SIGN the release) and mail it or bring it (10am-3pm Monday to Friday) with your check (payable to the *Community Chest of Port Washington*) to:

Community Chest of Port Washington 382 Main Street, Ste 110 Port Washington, NY 11050

**Provide a valid & legible e-mail address** to receive an e-mail confirmation that your application was received.

### On-line

Deadline: Monday, November 23, 2015 (11pm)

Fees: Adult \$35\*; Ages 9 – 21 \$25\* Visit **www.portchest.org** and click on the link to register online at *RunSignUp.com* (\*a processing fee is charged per registrant). If you are under 18 your parent/guardian must register for you.

## In Person During Packet Pickup: 4

### NOTE:

Higher fees apply during ALL packet pickup days/times.



	11/24	11/25	11/26
	(Tues.)	(Wed.)	(race day)
	5pm-8pm	5pm-9pm	7am-8am
Adults	\$50	\$50	\$60
Ages 9-21	\$25	\$25	\$35

No registrations will be accepted after 8am on 11/26.

### **Race Guidelines**

- NEW FEE STRUCTURE THIS YEAR!!!
- Run is capped at 3,000 participants.
- Fee is non-refundable and non-transferable.
- The run is held in ALL weather and is not cancelled unless the police close the roads. In the unlikely event of a cancellation, the run will NOT be rescheduled.
- Minimum age is 9. Children under 11 must be accompanied by an adult.
- For the safety of all, BABY STROLLERS, JOGGERS, SKATEBOARDS, BICYCLES and DOGS are NOT permitted.
- For safety reasons, walkers and slower runners should NOT line up in the front.

We thank you for your participation & cooperation!

### Race Packet Pick Up

Race Packet includes T-shirt & Race Bib. Pick up at:

Port Washington Senior Citizens Center 80 Manorhaven Boulevard, Port Washington, NY

Tuesday	Wednesday	Thursday
11/24	11/25	11/26
5-8pm	5-9pm	7-8:25am

### **Award Categories**

Awards are given to the top three athletes overall, male/female in each age group & wheelchair.

Age groups: 9-12, 13-15, 16-19 and 5 year age breaks to 79, 80+. There will be no duplication of awards. Awards are pick-up only. They will not be mailed.

### **Timing and Results**

Timing and Results will be calculated by Finish Line Road Race Technicians (FLRRT). Results will be posted at the finish line and at www.FLRRT.com.

### **T-shirts**

All registrants will receive a long-sleeved T-shirt. We make every attempt to provide the size selected when registering, but cannot guarantee that all sizes will be available.

Registration Form	<b>d</b>	Port Washington T	Port Washington Thanksgiving Day 5 Mile Run, November 26, 2015	e Run, Nov	rember 26,	2015
Complete and mail this portion of the re Up. FEES INCREASE AFTER 11/23/15.	egistration. <u>Registrations received</u> iee procedures for fee details. In c	l after 11/23/15 cannot be p order to receive confirmatio	f the registration. <u>Registrations received after 11/23/15 cannot be processed by the office</u> ; however, you may register late at Race Packet Pick s <b>/15</b> . See procedures for fee details. In order to receive confirmation of your registration a <b>LEGIBLE &amp; VALID</b> email address must be provided.	you may register : <b>VALID</b> email add	r late at Race Pa dress must be p	cket Pick rovided.
First Name:		Last name:				
Gender: 🔲 Male 🔲 Female	Age (at 11/26/15):	Shirt Size:	☐ Adult S ☐ Adult M ☐ Adult L	ult Adult XL	lult XL	
Address:						
City:	State:	Zip:	Entry Fee:		☐ Ages 9- 21: \$25	\$
Home Phone: ( )			Wheelchair	lchair		<b>&gt;</b>
Cell Phone: ( )			Additional Donation to the Community Chest (optional)	Community Ches	st (optional)	\$
Valid Email (Required for Registration (	ration Confirmation) :			Tol	Total Enclosed	\$
ut entry blank, read the I wecutors and administrat articipation in this event 'Chest of Port Washingtt pstead, Finish Line Road of all of the above for all trained for the completit y photographs, videotap nection therewith.	ig statement and sign below. In consinowledge and agree that I am volunt ther hereby knowingly and voluntarily out Washington, Sands Point and Na echnicians, Inc., the Villages of Manons or damages suffered by me arising I e event and that my physical condition pictures, recordings or any other	ideration of your accepting thi carily and knowingly assuming y waive and release any and all issau County Police Departmen Haven, Sands Point, Baxter Efrom or caused by my particip on has been verified by a licenrecord of this event for any p	ollowing statement and sign below. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, m. ors acknowledge and agree that I am voluntarily and knowingly assuming all risks and riams for damages that I have or may ever have against the in, the Port Washington, Sands Point and Nassau Gounty Police Departments, the Port Washington Fire Department, the County of Nassau, the Town of Race Fethnicians, Inc., the Villages of Manorhaven, Sands Point, Baxere Estates and Port Washington North, all event sponsors, officers, agents and injuries or damages suffered by me arising from or caused by my participation in said event. I attest and verify that I am physically fit and have on of the event and that my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant permission to use, and release said es, motion pictures, recordings or any other record of this event for any purpose whatsoever, and understand that I will receive no compensation of any	to be legally boun ent in or which m. have or may ever mut, the County or levent sponsors. y that I am physica y grant permission hat I will receive n	nd, hereby, for my and arise from my rhave against the off hassau, the Tow officers, agents a ally fit and have no use, and release no compensation.	/self, my wn of nd sse said of any
Signature:		Date:	It you are under 18, a parent or guardian must sign for you.	a parent or guaro	dian must sign f	or you.