

101 DUPONT STREET, SUITE 24
PLAINVIEW, NEW YORK 11803



Join us for the...
FOURTH ANNUAL



Sunday
JULY 15, 2007
9:00 AM

Plainview-Old Bethpage Middle School
Southern Parkway/Central Park Road
Plainview, New York

In Memory of Colleen Leszczynski
Administrative Director of
Radiology/Cardiology

To benefit the Plainview/Syosset Scholarship
Fund and to improve facilities at Plainview
and Syosset Hospitals

North Shore LIJ Plainview Hospital
Syosset Hospital

North Shore-Long Island Jewish Health System



Join us for a morning of fun and fitness....
To help improve health care on Long Island!

DATE AND TIME
Sunday, July 15, 2007
9:00 AM

DISTANCE
5 Kilometers (3.107 Miles)

LOCATION
Plainview-Old Bethpage Middle School
Southern Parkway/Central Park Road
Plainview, New York

DIRECTIONS
Long Island Expressway to Exit 44 South
(Seaford-Oyster Bay Expressway, Route 135)
or Southern State Parkway to Exit 28A North
(Seaford-Oyster Bay Expressway, Route 135).
Take Route 135 to the Old Country Road
exit, turning eastbound at the traffic light
onto Old Country Road. Go about 1/4 mile,
past the Hospital on the left, and turn left
onto Central Park Road. The POB Middle
School is at the intersection of Central Park
Road and Southern Parkway.

CHECK IN
Check in and packet pickup will be at the
POB Middle School, Southern Parkway
parking lot, 7:15 AM to 8:45 AM day of race.

ABSOLUTELY NO PICKUP AFTER 8:45 AM!

**RACE MANAGEMENT,
TIMING AND RESULTS**

Race Management by
Greater Long Island Running Club
Mike Polansky, Race Director
Call (516) 349-7646 for information

Computerized scoring and timing by
The "Z" Team
Results will be posted at www.glirc.org by
Monday morning, July 16, 2007

ENTRY FEES
\$17 Pre-registered
\$15 Pre-registered GLIRC member
(50% Discount under age 16 if
preregistered)
\$20 Day-of-Race

NON-PROFIT
U.S. Postage
PAID
Hicksville, New York
11802
PERMIT NO. 22

AWARDS

Top Male and Female Overall and Masters

Top 3 males and females in each of the following age groups: 12 and under, 13-15, 16-19, 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 and over

Top Male and Female Wheelchair Racers

Top 3 Male and Female North Shore-LIJ Health System Employees

Top 3 Male and Female Plainview & Syosset Hospital Voluntary Physicians
(NO DUPLICATION OF AWARDS)

AMENITIES

Top quality "Heart and Sole Run/Walk" shirts to all entrants
Outstanding post-race refreshments

Giant post-race door prize drawing; lots of prizes! (Note: You must be present to win).

*A SINCERE "THANK YOU"
TO OUR MOST GENEROUS SPONSORS*

THE MEDICAL STAFFS OF PLAINVIEW & SYOSSET HOSPITALS

COLD SPRING HILLS CENTER FOR NURSING & REHABILITATION

HOWARD MATT, D.M.D.

Isaac Namuri, D.O.
Hama Sushi
Huntington Hills Center for Rehabilitation
Infertility Associates of Long Island
La Piazza
The Main Event Sports Bar & Grill
Alan R. Mensch, M.D.

The Arbors Assisted Living at Westbury
Association for Children with Learning Disabilities
Friends of Judy Jacobs
Ibrahim Hitti, M.D.
Jagermeister Delicatessen
Janine Paper & Box Corporation
JT Financial Services
Miss Sue's Nursery School
Our Lady of Mercy Academy
Syosset Chamber of Commerce
Woodbury Country Club
Zwanger-Pesiri Radiology Group

MAIL ENTRY FORM & CHECK

(payable to "GLIRC") to:

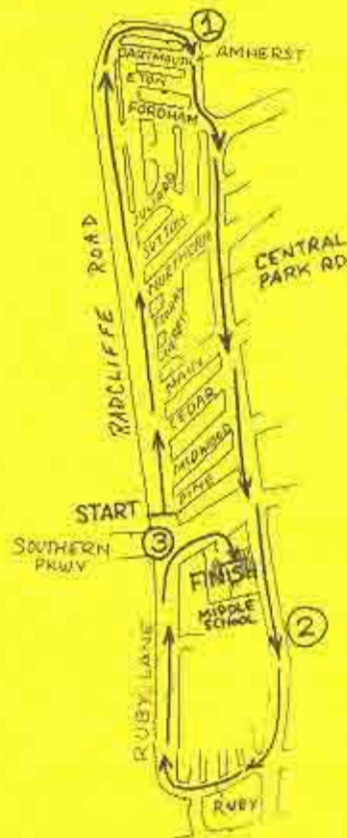
Greater Long Island Running Club
Heart & Sole 5K Run
101 Dupont Street, Suite 24
Plainview, New York 11803

....or Register on-line at
www.gilrc.org

COURSE

A USATF sanctioned event over a USATF certified course covering a flat and pleasant 5 kilometers through the suburban roads of Plainview, New York

Traffic control provided by Nassau County Police Department



REGISTER ON-LINE at www.gilrc.org

Heart & Sole 5K ★ July 15, 2007 ★ Mail to GLIRC, 101 Dupont Street, Suite 24 Plainview, New York 11803

First Name _____

Last Name _____

Age on Race date _____

Date of Birth _____

email address _____

Special Category (check if applicable): Wheelchair _____

NS-LIJ Employee _____

Plainview or Syosset Hospital Voluntary Physician _____

Address: _____

Additional Contribution _____

Town _____

State _____

Zip _____

Phone # _____

Please complete this entry blank, read the following statement, and sign below. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, successors and assigns, hereby waive and release and hold harmless NORTH SHORE LIJ HEALTH SYSTEM AND ITS MEMBER HOSPITALS, THE GREATER LONG ISLAND RUNNING CLUB, THE 2-TOWN, THE PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT, THE NASSAU COUNTY POLICE DEPARTMENT, and all event sponsors, and their agents, employees, successors and assigns for any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event, even if such liabilities, claims, demands and causes of action arise in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and that my physical condition has been verified by a licensed Medical Doctor. If signed by a parent, the parent agrees to release and hold the above-named organizations and individuals harmless of any claims and rights which might otherwise have been asserted on behalf of the applicant. Further, I hereby grant permission to any and all of the foregoing organizations and individuals to use photographs, videotapes, motion pictures, recordings, and any other record of this event for any purpose whatsoever.

Signature _____

Date _____

If under 18 years old, signature of parent or guardian _____

Date _____