

17th Annual

INWOOD 5K RUN

Sunday, October 10, 2010

5K Race & 1K Fun Run Start at 9:00 a.m.

Children's "Pumpkin Tot-Trot" (ages 1-6) Starts at 9:45 a.m.

START/FINISH: Inwood Park (SW corner of Nassau County), Inwood, NY ("Five Towns" area)

ENTRY FEE: \$15 Pre-Registered. \$20 Day of Race. Free T-Shirt to the 1st 250 entries.
The Children's "Pumpkin Tot-Trot" is free with no registration required.

CHECK-IN: Shirt & Race # pick-up is **Sat., Oct. 9**, 6-8 p.m. at **Inwood Services (Check Cashing)**
255 Sheridan Blvd, Inwood or **day of race** from 7:45-8:30 a.m. at **Inwood Park**.

AWARDS: **5K Race:** 1st 3 Male/Female Overall, Age Group & Physically Challenged.
Age Groups: Under 12, 13-15, 16-18, 19-24, then 5-year age groups thru 80+
Fun Run: Top Male & Female (12 and under). **Tot-Trot:** Awards to all participants.

RACE TIMING: Chip timing by FLRRT! 5K Flat & Fast through the streets of Inwood.

POST- RACE: FREE Raffle & Refreshments. FREE health assessments by St. John's Episcopal Hospital

DIRECTIONS: **Belt Pkwy** to Nassau Expy (878), south to Bayview Ave., right to end (Inwood Park)
Southern Pkwy to Exit 19S, to Nassau Expy (left), to Bayview Ave (right), go to end

PROCEEDS: Race proceeds benefit college scholarships for 5 Towns area high school students.

INFORMATION: Contact: **Mike DeRosa** (516) 239-5405 or e-mail derosa212@yahoo.com
Check out our website at www.inwood5K.com for past results and photos

Mail application and make checks payable to: **INWOOD 5K RUN**
208 Lawrence Ave.
Lawrence, NY 11559

NAME: _____ SEX: M F

STREET: _____

TOWN: _____ ZIP CODE: _____

PHONE: _____ AGE ON RACE DAY: _____ E-Mail _____

CIRCLE ONE: 5K Race 1K Fun Run Physically Challenged Volunteer/Donation

In consideration of your accepting this entry, I, the undersigned intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Nassau County, the Town of Hempstead, the Inwood 5K Run, 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 trained sufficiently for the completion of this 5K Run, and my condition has been verified by a licensed medical doctor

SIGNATURE _____

(Signature of Parent or Guardian if Applicant is under 18 years of age)