

City Council
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CITY OF LONG BEACH

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City Manager



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Parks Commissioner

RECREATION DEPARTMENT

32nd ANNUAL CITY MANAGERS TROPHY RUN

A 10-MILE SALUTE TO OUR VETERANS

SUNDAY, MAY 25th 2008 - 8 A.M.

REGISTRATION: Early Registration **\$20.00** before Friday, May 23rd 2008 at 5:00 p.m.
Late Registration **\$25.00** day of race from 6:30 – 7:30 a.m.
at the Community Center, 650 Magnolia Blvd. (next to Recreation Center).

REGISTER ONLINE WWW.ACTIVE.COM

COURSE: Accurately measured 10-mile, flat and fast course.
Race timing by FINISH LINE Road Race Technicians.

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; First Military Veteran finisher.

T-SHIRTS: **WILL BE GIVEN TO ALL REGISTRANTS.**
T-shirts & number pick up on DAY OF RACE beginning at 6:30 a.m. at the
Community Center, 650 Magnolia Blvd.

SEND ENTRIES TO: LONG BEACH CITY MANAGERS TROPHY RUN
LONG BEACH RECREATION DEPARTMENT
MAGNOLIA BOULEVARD AND WEST BAY DRIVE
LONG BEACH, NEW YORK 11561

CHECKS PAYABLE TO: **CITY OF LONG BEACH**

For information or applications call the Recreation Center (516) 431-3890 or online at longbeachny.org, lirunning.com or www.flrrt.com



Our next race of the season will be the Sean Ryan Memorial 5K Family Fun Run. This Schools Out, Summer Kick-Off Celebration will take place on Friday June 27th.

CITY MANAGER RACE 2008

PLEASE PRINT CLEARLY >> PUT TELEPHONE NUMBER ON CHECK<<

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 City of Long Beach, Long Beach Recreation Department, 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 sufficiently trained for the completion of this 10-MILE Run and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ **M** ___ **F** ___ **TELEPHONE #** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **CHIP CODE** _____

AGE on 5/25 _____ **D.O.B.** _____ **MILITARY VETERAN : YES** ___ **PHYSICALLY CHALLENGED : YES** ___

E-MAIL _____ **SHIRT SIZE** (circle one) : S M L XL

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

FOR RECREATION DEPT. USE ONLY

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

