

City Council
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City of Long Beach



Recreation Department

City Manager
Charles T. Theofan
Parks Commissioner
Joseph Brand Jr.
Asst. Superintendent of Recreation
Robert H. Sondergaard

The City of Long Beach hosts the 21st Annual Robert C. McAvoy Labor Day Five-Mile Run Monday, September 6, 2010 - 8:30 a.m.

Sponsored by: Long Beach Apple Core

ENTRANCE FEE: \$20.00 (before Friday, September 3, 2010 at 4:00 p.m.)

DAY OF RACE REGISTRATION: \$25.00 (Riverside Blvd. and the Boardwalk) from 7:00 – 8:00 a.m.
make checks payable to : **CITY OF LONG BEACH**

COURSE: Accurately measured five (5) mile course, flat and fast, splits every mile.
Race will START and FINISH near Riverside Boulevard on the Boardwalk.
Race timed by Finish Line Road Race Technicians.

T-SHIRTS FOR ALL ENTRANTS!!

AWARDS: FIRST OVERALL MALE and FEMALE FINISHERS, FIRST LONG BEACH MALE and FEMALE FINISHERS,
FIRST PHYSICALLY CHALLENGED MALE and FEMALE FINISHERS.
FIRST THREE (3) MALE and FEMALE WINNERS IN EACH AGE CATEGORY:

- | | | |
|------------|---------|-----------|
| • 14&Under | • 35-39 | • 60-64 |
| • 15-19 | • 40-44 | • 65-69 |
| • 20-24 | • 45-49 | • 70-74 |
| • 25-29 | • 50-54 | • 75 – 79 |
| • 30-34 | • 55-59 | • 79 plus |

T-SHIRTS & NUMBER PICK-UP: Day of Race before 8 a.m. at Riverside and the Boardwalk

SEND ENTRIES TO: LONG BEACH FIVE MILE RUN
LONG BEACH RECREATION DEPARTMENT
MAGNOLIA BOULEVARD & WEST BAY DRIVE
LONG BEACH, NY 11561

REGISTER ONLINE AT WWW.ACTIVE.COM

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

****No baby strollers allowed on race course.****

FIVE MILE RUN 2010 (Registration - please print clearly)

>> PLEASE 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 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 five-mile run and my physical condition has been verified by a licensed medical doctor.

FOR ACCURATE RESULTS, PLEASE PRINT AND FILL IN ALL INFORMATION CLEARLY:

Name _____ Age _____ D.O.B. _____ M _____ F _____ Phy. Chall. _____

Address _____
street city state zip..

Phone _____ E-Mail Address _____

Signature _____ Parent Signature _____
(If Under 17 Years of Age)

For Rec Use Only

Receipt # _____ Amount Paid \$ _____ Date _____ Staff _____