

City Council
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CITY OF LONG BEACH

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City Manager



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Parks Commissioner

RECREATION DEPARTMENT

The City of Long Beach

hosts the

22nd Annual Robert C. McAvoy Labor Day Five-Mile Run

Monday, September 5, 2011

8:00 a.m.

Sponsored by: Quiksilver

REGISTRATION: Early Registration **\$20.00** before Friday, September 2, 2011 at 5:00 p.m.
Late Registration **\$25.00** day of race from 6:30 – 7:30 a.m.
at the Long Beach Recreation Center, 150 W. Bay Drive.
Make checks payable to "City of Long Beach"
REGISTER ONLINE WWW.ACTIVE.COM

COURSE: Accurately measured 5-mile, flat and fast course.
(Please note, this will be a new course route due to Quiksilver Surf Tournament).
Race timing by FINISH LINE Road Race Technicians (www.flrrt.com).
**No baby strollers/joggers allowed on race course.

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 Long Beach Recreation Center, 150 W. Bay Drive

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, 1st Long Beach Male and Female Finishers, 1st Physically Challenged
Male and Female Finishers.

SEND ENTRIES TO: Long Beach Labor Day 5-Mile Run
Long Beach Recreation Department
Magnolia Blvd. and West Bay Drive
Long Beach, NY 11561

TRAFFIC ALERT: Due to the Quiksilver Surf Tournament please allow extra travel time.

Post race all runners are welcome to use the Beach for free.
(*Must show race # at beach entrance)

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

5-Mile Labor Day RACE 2011

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.

NAME _____ M ___ F ___ AGE on 9/5 _____ D.O.B. _____ Phy. Chall. _____

ADDRESS _____ TELEPHONE # _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

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

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____

