RICHMOND COUNTY
ST. PATRICK'S DAY PARADE

COMMITTEE Inc.

Presents

The Forest Avenue Mile

Sunday, March 7, 2010 * **12:10**

Jody's to Rusty's Forest Avenue Mile

Live Entertainment- Great Party Atmosphere!

Benefit The Brighten Kiwanis Charities

Registration and T-shirt pickup - Wed. & Thur. March 3 &4 at Rusty's 879 Forest Ave from 7:30 to 9:30 PM, And Race Day at ***Pretty Woman*** Forest Ave until 11:30 AM. **Sharp!**
Entry Deadline - Entries by mail must be postmarked by Feb. 23.
Fees - $20.00 All pre–registered runners will receive a Long Sleeve T-shirt. Race Day $25.00
Awards – *NEW THIS YEAR* –CASH $100.00 to top team in Youth & Open Div.
Each Team consist of 3 male & 3 female and have the exact team name on the application
Top 5 Male and Female open, Sub-Vet, & Top 5 Grade School Lt. John Fischer Award
Course - 1 mile down hill starting at Jody's on Forest Ave. and finishing at Rusty's adjacent to Anning S. Prall School.
Very Fast Course (92 Foot Drop In Elevation)
Course Record -Al Garcia 4:13.6 Josie Piccinic 5:00.4
Warm-up Clothes- will be transported to finish line

Saint Patrick's Day Run Entry Form

Last Name First Name Expected Finishing Time

Mailing Address Including Apt. No. City State Zip Code

Gender, Check One

☐ M
☐ F

E-mail:_____

Team Name_____

Team Open Div ☐
Team Youth Div ☐

Please Check One Division

Sub-Vet (35 and up) ☐
Open Division ☐
Youth Division ☐
Grade School (grades 6th to 8th)

Circle Shirt Size

S M L XL XXL
ADULT T-SHIRT SIZE

LIABILITY WAIVER AND RELEASE

Upon acceptance of my entry, I, for myself, my heirs & assigns, hereby release the sponsors & officials of the Richmond County St. Patrick's Day Parade Committee Inc. Fun Run, The Brighten Kiwanis, or any Sponsors from any liability arising from illness, injury or death I may suffer as a result of my participation in this event. I attest that I am physically fit & have sufficiently trained for this event & I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of this event would be injurious to my health, I consent to be removed & treated by the physician in attendance or of their direction. I give permission for free use of my name & picture in any broadcast, telecast or written account of this event. I also understand that the entry fee is NON-REFUNDABLE.

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DATE SIGNATURE AND PARENT/GUARDIAN (If under 18)
Payment by check or money order to: St.Patrick's Day Parade Committee PO Box 140625 SI NY 10314