

The 9th Annual **LUKE M. PARLATORE** Memorial Run

Over
\$120,000
in
Scholarships
AND
\$25,000 to
SI charities

Proud Sponsor
of
SI CC Champs
AND
Luke Parlature
/Daniel Kelley
CYO Meet

Saturday, June 26, 2010 9am

St. Joseph by-the-Sea High School
5150 Hylan Boulevard, Staten Island, NY

Course: 3 miles, includes Hylan Blvd. & St. Joe's Campus!

Adult Run/Walk Entry

Pre Race by June 11th: \$20

Race Day: \$25

HS & Grammar Students

Pre Race by June 11th: \$15

Race Day: \$20

**NOTE: Pre-REGISTER BY 6/1
TO GUARANTEE TEE SHIRT**

Make Checks Payable to:

**The Luke M. Parlature Scholarship
Foundation** (all entry fees &
contributions are tax deductible)

Registration & T-Shirt Pick-Up
Race Day 8:00 am – 8:50 am



Awards

Overall: Top 3 Male & Female

Age Groups: Top 3 M & F

- 14 & under
- High School (including 2010 grads)
- Ages 18-19, 20-29, 30-39, 40-49,
50-59, 60-over

(Participants can win in only one category)

Separate Kiddie Fun Runs (no fee)

Awards for all participants

For more information, call Dave (646) 210-3753 www.LukeParlature.org

or e-mail us: LukesMom@LukeParlature.org

**LMPSF is a 501 (c) (3) not-for-profit corporation. All contributions are tax deductible to the full extent of the law.*

Please complete, detach and send entry form to LMPSF, 1320 Bay Street, Staten Island, NY 10305

Last Name: _____ First Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Age: _____ HS '10 Yes No I.S./Grammar Yes No Category: Run Fitness Walk

Adult T-Shirt Size: Medium Large X-Large

CREDIT CARDS ACCEPTED (2% SERVICE CHARGE). ENCLOSE, CALL OR FAX CREDIT CARD INFORMATION

Amount to charge: AMEX \$ _____ Visa \$ _____ MasterCard \$ _____ Discover \$ _____

Name on Card _____ Billing Address: _____

City _____ State _____ Zip Code _____

Credit Card # _____ Exp. _____

Liability Waiver and Release

Upon acceptance of my entry, I, for myself, my heirs & assigns, hereby release the sponsors & officials of the Luke M. Parlature Memorial 3 Mile Run and the Luke M. Parlature Scholarship Foundation 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. I give permission for free use of my name and picture in any broadcast, telecast or written account of this event. I also understand that the entry fee is NON – REFUNDABLE.

Signature: _____ *****Parental Consent (under 18):** _____