RICHMOND COUNTY
ST. PATRICK'S DAY PARADE

COMMITTEE Inc.

Presents

The Forest Avenue Mile

Sunday, March 4, 2012 * **12:10**

Jody's to Rusty's Forest Avenue Mile

Live Entertainment- Great Party Atmosphere!

Brighton Kiwanis Club- A Proud Sponsor for 20 Years

Registration and T-shirt pickup - Wed. & Thur. Feb 29 & March 1at 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. 21.
Fees - $25.00 All pre–registered runners will receive a Long Sleeve T-shirt. Race Day $30.00
Awards–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:_____

Please print clearly

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

YL 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.

_____

DATE SIGNATURE AND PARENT/GUARDIAN (If under 18)

Payment by check or money order to: St.Patrick's Day Parade Committee 412 Kissel Ave SI NY 10301