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CITY OF LONG BEACH

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DEPARTMENT OF PARKS AND RECREATION

**THE 39th ANNUAL
 CITY MANAGER'S 10 MILE RACE TO REMEMBER**
Those Who Made The Supreme Sacrifice
Dedicated to the memory of race founder Ralph Kaplan
SUNDAY, MAY 24, 2015 – 8:00 A.M.



REGISTRATION: Early Registration **\$25.00** before Friday, May 22, 2015 at 4:00 p.m.
 Late Registration **\$30.00** day of race from 6:30 a.m. – 7:30 a.m.
 at the Recreation Center Parking Lot (next to Recreation Center, 700 Magnolia Blvd).

REGISTER ONLINE WWW.ACTIVE.COM

SEND ENTRIES TO: Long Beach City Manager's Trophy Run
 Long Beach Recreation Department
 700 Magnolia Boulevard
 Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured 10 mile, flat & fast course (entire course will be posted at www.longbeachny.gov/rec) Start at West Park Avenue & Magnolia Blvd & finish at Magnolia Blvd & the Bay Race timing by FINISH LINE Road Race Technicians.

AWARDS: Awards to the first four 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, 75-79, 80+; first overall male & female finishers; first Long Beach male & female finishers; first in wheelchair division and first male & female Active Military/Veteran finishers.

T-SHIRTS: Will be given to all registrants at number pick up on DAY OF RACE beginning at 6:30 a.m. in the Recreation Center Parking Lot, 700 Magnolia Blvd.



For information or applications visit
www.longbeachny.gov/rec
 or call the Rec Center (516) 431-3890.



The next race will be Fabulous 4th Race in Memory of Sean Ryan on Saturday. July 4th

CITY MANAGER'S RUN 2015

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.

PRINT NAME _____ **M** ___ **F** ___

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **TEL. #** _____

AGE on 5/24 _____ **D.O.B.** _____ **WHEELCHAIR USER: YES** (circle) **VETERAN: YES** (circle)

E-MAIL _____ **SHIRT SIZE** (circle one) S, M, L, XL, XXL YM YL

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

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ **AMOUNT PAID** _____ **DATE** _____ **STAFF** _____