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CITY OF LONG BEACH

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DEPARTMENT OF PARKS AND RECREATION

4th ANNUAL LARRY ELOVICH 5K FUN RUN/WALK

In cooperation with The City of Long Beach

Saturday, July 30, 2016 at 9am

On the Boardwalk at New York Avenue

REGISTRATION:	5K Fun Run/Walk day of the race registration at New York Avenue from 7:30 am to 9:00 am. Suggested donation is \$20.00 (please make checks payable to the Larry Elovich Scholarship Fund)
COURSE:	5-K (3.1 miles). Start and finish at New York Avenue between Broadway and the beach
AWARDS:	The first 300 participants who complete the race will receive a medal.
T-SHIRTS:	Will be given to the first 300 registrants on DAY OF RUN/WALK

All proceeds from the race go directly to the Larry Elovich Scholarship Fund, a 501 C3 tax-exempt organization, which donates 100% of funds raised to a college-bound student in Long Beach who exhibits good character, a sense of community and both academic and athletic skills.

**For more information or to make a tax-deductible donation to the fund,
Email Lisa Elovich at lisa.elovich@gmail.com or
Lynn Elovich Eisenberg at LGE11561@gmail.com**

2016 LARRY ELOVICH 5K FUN RUN (Registration - please print clearly)

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 Long Beach Recreation Department and the City of Long Beach 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 have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ M ___ F ___

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL. # _____

AGE on 8/2 _____ D.O.B. _____ WHEEL CHAIR _____

E-MAIL _____ SHIRT SIZE (circle one) YOUTH, S, M, L, XL

SIGNATURE _____ PARENT SIGNATURE _____

(If under 17 years of age)

FOR OFFICE . USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____