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CITY OF LONG BEACH

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**Commissioner of
 Parks & Recreation**
 Joseph A. Brand Jr.

DEPARTMENT OF PARKS & RECREATION

**34th ANNUAL ROBERT McAVOY
 LABOR DAY FIVE-MILE RUN**

Monday, September 2, 2024 - 8:00am

REGISTRATION: Early Registration \$35.00 before August 21, 2024 by 4:00 p.m.
 Day of Registration \$45.00 day of race from 6:30 a.m. – 7:30 a.m.

REGISTER ONLINE: <https://events.elitefeats.com/LBLaborday24>

SEND ENTRIES TO: Labor Day Five Mile Run
 Long Beach Recreation Department
 700 Magnolia Boulevard
 Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured five (5) mile, flat and fast course.
 Start and finish on Laurelton Blvd and the boardwalk. Professionally timed.
 No baby strollers allowed on race course.

AWARDS: Awards to the first three 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; and first in the wheelchair division.

T-SHIRTS: Given to all registrants at number pick up on DAY OF RACE beginning at 6:30 a.m.

For more information visit www.longbeachny.gov/races



All race participants are welcome to use the Beach for free by showing race # at beach entrance!

2024 Robert C. McAvoy Labor Day Five Mile Run (Registration - please print clearly)

Last Name:		First Name:		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
Age on 9/2:	Date of Birth:	Shirt Size (circle one): S M L XL XXL			
Address:			City, State, Zip:		
Email:			Phone:		
Wheelchair User: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 Parks and 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 in both the running and swimming segments of this event and my physical condition has been verified by a licensed medical doctor.

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

FOR RECREATION DEPT. USE ONLY			
RECEIPT # _____	AMOUNT PAID _____	DATE _____	STAFF _____