



# City of Long Beach

## Department of Parks & Recreation

49<sup>th</sup> 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, 2026 – 8:00 A.M

#### RACE TO REMEMBER 10-MILE

#### RACE DAY SCHEDULE:

6:30am – Registration & T-shirt pickup

8:00am – Race Start

10:00am – Awards Ceremony

#### PRE-REGISTRATION FEE:

\$35.00 by May 20 at 4:00 p.m.

#### DAY OF RACE FEE:

\$45.00 online or cash

#### REGISTRATION AND AWARDS

#### LOCATION:

Laurelton Boulevard and the boardwalk.

#### COURSE:

Start on West Park Avenue & Laurelton Blvd., finish at Laurelton Blvd. and the Boardwalk. Accurately measured flat and fast course. **\*\*No baby strollers on race course.\*\*** No walkers. Race timed by Elite Feats.

#### AWARDS:

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, overall wheelchair finisher & first male & female active military/Veteran finishers.

Checks payable to:

The City of Long Beach

Mail Forms to:

Long Beach Parks & Recreation

700 Magnolia Boulevard

Long Beach, NY 11561

Register Online at:

Events.elitefeats.com/26lb10mile

Contact: 516-431-3890

2026 Race To Remember (Registration - please print clearly)

Last Name:	First Name:
Age on 5/24/26:	Date of Birth:
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Wheelchair User <input type="checkbox"/> Active Military/Veteran	
Shirt Size (circle one): S    M    L    XL    XXL	
Address:	
City, State, Zip	
Email:	Phone:

*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 of this event and my physical condition has been verified by a licensed medical doctor.*

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

(If under 17 years of age)

### For information call 516-431-3890 or visit

### [www.LongBeachNY.gov/Races](http://www.LongBeachNY.gov/Races)

#### City Council

Brendan Finn, President ~ Chris Fiumara, Vice President

George Ennis ~ Tracey Johnson ~ Michael Reinhart

**City Manager** Daniel Creighton

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

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RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_ DATE \_\_\_\_\_ STAFF \_\_\_\_\_