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CITY OF LONG BEACH
DEPARTMENT OF PARKS & RECREATION

City Manager
 Jack Schnirman

**Assistant Superintendent
 of Parks and Recreation**
 Paul Ferrante



**FABULOUS 4TH OF JULY RACE
 IN MEMORY OF SEAN RYAN**



1K CHILDREN'S FUN RUN - 8:00 a.m. ~ 4K Race - 8:30 a.m.

Saturday, July 4, 2015



REGISTRATION: 1K Fun Run is \$5.00 for children 17 years of age and younger
 4K Early Registration \$25.00 before Friday, July 3, 2015 at 12:00 p.m.
 4K Late Registration \$30.00 day of race from 7:00 - 8:00 a.m.

REGISTER ONLINE WWW.ACTIVE.COM

SEND ENTRIES TO: Fabulous 4th 4K Race
 Long Beach Recreation Department
 700 Magnolia Boulevard
 Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured 4-K (2.49 miles), flat and fast course.
 Start & finish on the boardwalk at Laurelton Boulevard
 Race timing by FINISH LINE Road Race Technicians *No baby strollers allowed on race course.*

AWARDS: Awards to the first four male & 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; first Long Beach male & female; first in wheelchair division and top three finishers from the LB Police Dept.

T-SHIRTS: Will be given to all registrants at number pick up on DAY OF RACE beginning at 7:00 a.m. at Laurelton Boulevard



WWW.LONGBEACHNY.GOV/REC or call 516-431-3890

2015 Fabulous 4th of July Race in Memory of Sean Ryan (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 Parks and 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** ___ **1K** ___ **4K** ___

ADDRESS _____

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

AGE on 7/4 _____ **D.O.B.** _____ **LCPD** ___ **WHEELCHAIR** ___

E-MAIL _____

SIGNATURE _____ **PARENT SIGNATURE** _____

(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY

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