

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.

Wednesday, July 4, 2018



REGISTRATION:	1K Fun Run is \$10.00 for children 17 years of age and younger 4K Early Registration \$25.00 before Sunday, July 1, 2018 at 12:00 p.m. 4K Late Registration \$30.00 day of race from 6:30a.m. – 8:00 a.m. Register Online at: WWW.RUNSIGNUP.COM
TIMING:	Electronic Timing by START2FINISH
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 Start To Finish Corporation *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 registrants at number pick up on DAY OF RACE beginning at 6:30a.m. at Laurelton Boulevard while supplies last.



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

2018 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. _____ LBPD _____ WHEELCHAIR _____

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 _____