## The Richmond Rockets 14<sup>th</sup> Annual HALLOWEEN 5k Classic Trail Run/Walk

## Sun. October 28th, 2018 Benefitting Sunrise day Camp &

## The Richmond Rocket Scholarship Fund

In Conjunction with the NYC Parks Ocean Breeze Athletic Complex Free Parking available in lots across the street

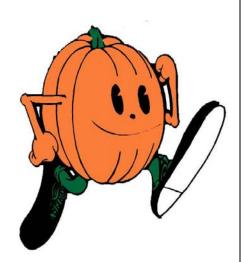
Location:

Ocean Breeze Athletic Complex 625 Father Capodanno Blvd

**EVENTS:** 

Pre-Registration (must be received by Oct 26<sup>th</sup>) 5K Run – 9 AM -\$25 Walk- 9:15 AM-\$25 Kids Run- (10 and under) 10AM-FREE

Oct 25<sup>th</sup> Pre-Registration Sign-up JCC-1466 Manor Road (President's Room) 6PM-8PM Runners/Walkers \$25



AWARDS 10:15AM Overall Male & Female Prizes: Top 3 Finishers (age groups) 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+

**Amenities:** 

Halloween Gloves to the first 200 Pre-Registrants while supplies last Goody Bags/Medals to all kids 10-under

7:30am-8:30am Race Day Registration will be accepted as a \$30 donation which includes a Halloween tee shirt while supplies last

## Prizes for the Best Costumes Raffles~ 10:45AM

Paper Application: Checks Payable To: The Richmond Rockets Mail To: Nancy Wagner-Wetzel, 81 Alan Loop, Staten Island, NY 10304

Name:		M	F	Age:	
Phone:	Email_				
of a race official relative to my ability to s including cold, snow and/or ice, high heat and your accepting my entry, I, for myself an employees, and all sponsors, their represer	Event: 5K RUN  It know that running a road race is a potentially hazardous activi safely complete the run. I assume all risks associated with running d/or humidity, traffic and the conditions of the road, all such risks and anyone entitled to act on my behalf, waive and release The Richard and successors from any and all claims or liabilities of an ned in this waiver. I grant permission to all of the foregoing to us	ty. I should not enter and run g in this event including, but n being known and appreciated chmond Rockets, its directors y kind arising out of my parti	unless I am medical not limited to: falls, of d by me. Having read s, officers, and staff, icipation in this even	lly able and properly tr contact with other part d this waiver and know the city of New York ( at even though that liab	rained. I agree to abide by any decision ticipants, the effects of the weather, wing these facts and in consideration of (borough of Staten Island) and its bility may arise out of negligence or
Signature:		Date			
(I	Parents must sign for Children under 18	()			

