



WATERFRONT WARRIORS 5K

WHEN: Sunday, July 25, 2010 at 9:00 a.m. on Riverside Blvd. & the Boardwalk

REGISTRATION: Early Registration **\$20.00** (must be postmarked by July 20, 2010)
 Late Registration **\$25.00** day of race from 7:30 – 8:30 a.m.
 at Riverside Blvd. & the Boardwalk.
REGISTER ONLINE WWW.ACTIVE.COM
 Free for all active military personnel (must show I.D. at time of registration)

COURSE: Accurately measured 5-K (3.1 miles), flat and fast course.
 Start & finish at Riverside Blvd. & the Boardwalk
 Race timing by FINISH LINE Road Race Technicians.

AWARDS: Awards to the first three male and female winners in each age category:
 19 & Under, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60 – 69, 70 – 79, 79 Plus;
 First Overall Male and Female finishers; First Long Beach Male and Female
 finishers; First Physically Challenged Male and Female finishers; Top three Male
 and Female active military; Top three Male and Female veterans,
 Top three Male and Female disabled veterans.

SEND ENTRIES TO: Waterfront Warriors 5K
 PO Box 210
 Long Beach, NY 11561

CHECKS PAYABLE TO: Long Beach Waterfront Warriors

Sponsored by:



and



For information visit www.lbwaterfrontwarriors.org,
www.longbeachny.org www.flrirt.com, www.lirunning.com

The Long Beach Waterfront Warriors honor and aid wounded, ill and injured veterans and their families.
 The Long Beach Waterfront Warriors is a project in cooperation with
 The City of Long Beach, N.Y.

****No baby strollers allowed on race course.****

2010 Waterfront Warriors 5K (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 Waterfront Warriors 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.

NAME _____ **M** ___ **F** ___ **AGE on 7/25** _____ **D.O.B.** _____

PHY. CHALL. ___ **ACTIVE MILITARY** ___ **VETERAN** ___ **DISABLED VETERAN** ___

ADDRESS _____

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

E-MAIL _____ **SHIRT SIZE** (circle one) YOUTH, S, M, L, XL

SIGNATURE _____ **PARENT SIGNATURE** _____

(If under 17 years of age)

For Staff Use Only: Date _____/10 Staff _____ Posted _____