Registration Form				Port	Port Washington Thanksgiving Day 5 Mile Run, November 23, 2017	Thanksgivin	ng Day 5	Mile Run,	November	23, 2017
Complete and mail this portion of the registration. Registration, see after 11/20/17 can't be processed by the office. After 11/20/17 at 3 PM you can still register. See application form for details. If you want an email confirmation of this registration, you must provide a legible & valid email address.	n. Registration on of this regist	ns received after lation, you must p	11/20/17 can't provide a legil	be process ole & valid	ed by the office email address.	. After 11/20/17	at 3 PM you	ı can still reg	gister. See appl	cation
First name				Last name	2000					
Gender: MALE FEMALE		Age on race day	·	Check if			intry fee/	charitable	Entry fee/charitable donation	
Mark Box X		This is NOT optional	nal	wheelchair	naır	Donation to the community chest (optional)	the commu	mity chest (optional)	
Street address							Prior to 11/21	11/21-11/22 11/23 Race	11/23 Raceday	
City, state, zip						Adults	\$35	\$50	09\$	
Phone						Age 9-21	\$25	\$25	\$35	
Email						Wheelchair		\$25		
Shirt size YOUTHL AI	ADULT S	ADULT M	-	TIT	ADULT L ADULT XL				TOTAL \$	\$
Please fill out entry blank, read the following statement and sign below. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my executors and administrators acknowledge and agree that I am yoluntarily and knowinedy assuming all risks and injuries which are inherent in or which may arise from my voluntary participation in this event. I further hereby knowinedy assuming all risks and injuries which are inherent in or which may arise from my voluntary participation in this event. I further hereby knowinedy assuming all risks and injuries which are inherent in or which may arise from my voluntary participation in this event. I further hereby knowinedy assuming all risks and injuries which are inherent in or which may arise from my voluntary participation in this event.	ign below. In consessuming all risks	sideration of your acce	pting this entry, linherent in or wh	I, the undersig iich mav arise	ned, intending to be from my voluntary p	legally bound, here articipation in this	by, for myself, event. I furthe	my heirs, my ex er herebv knowi	ecutors and admi	istrators ly waive
and release any and all rights and claims for damages that Have or may ever have against the Community Chest of Port Washington, the Port Washington, Sands Point and Nassau County Police Departments, the Port Washington England Practice and Practice an	we or may ever have	e against the Commun	nity Chest of Port	Washington,	the Port Washingto	n, Sands Point and	Nassau Count	y Police Depart	ments, the Port W	ashington
THE DEPARTMENT, THE COUNTY OF ASSAULT HE TOWN OF FOUR TEMPORACE, THISH THE NAME ARCE TEMPORATES, THE VIEW OF MARGINETIS OF THE SPORE SOURCES, CHICKES, AGREEN AND ASSAULT AND THE SPORE SOURCES OF AN AND ASSAULT AND THE SPORE SOURCES OF AN AND ASSAULT STATES AND VERIFIES THE AND ASSAULT AND THE SPORE SOURCES OF AN AND ASSAULT ASSAULT AND ASSA	ages suffered by n	LINE NOAU NACE I COMM TO ATISING FROM OF CAUSE	ed by my particip	mages of Mai ation in said e	vent. I attest and ve	rt, baxtel Estates at rify that I am physic	cally fit and ha	ington rooten, a ive sufficiently t	rained for the con	pletion of
the event and that my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant permission to use, and release said rights to any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever, and understand that I will receive no compensation of any form in connection therewith.	a licensed Medica ind that I will rece	erified by a licensed Medical Doctor. Further, I hereby grant permission to use, and ro I understand that I will receive no compensation of any form in connection therewith	reby grant permi of any form in con	ission to use, a nection therev	nd release said right: vith.	s to any photograph	is, videotapes,	motion pictures	s, recordings or an	other
Cionotino				_	Doto		I If you are un	ider 18. a parent	If you are under 18, a parent or guardian must sign for you.	sign for you.

Mail or Walk-In

Deadline: Form & payment must be in the Community Chest office by Monday, November 20, 2017 at 3pm

Fees: Adult: \$35; Ages 9 - 21 \$25

Complete this application form (making sure to SIGN the release). Mail it or bring it (10am-3pm Monday to Friday) with your check (payable to the *Community Chest of Port Washington*) to:

Community Chest of Port Washington 382 Main Street, Ste 105
Port Washington, NY 11050
Provide a valid & legible e-mail address to receive an e-mail confirmation that your application was received.

On-line

Deadline: Monday, November 20, 2017 (11pm)

Fees: Adult \$35*; Ages 9 – 21 \$25* Visit www.portchest.org and click on the link to register online at RunSignUp.com (*a processing fee is charged by RunSignUp per registrant). If you are under 18 your parent/guardian must register for you.

In-Person during Packet Pick Up

NOTE: Automated kiosks are utilized for registration at packet pick up. You do NOT need to complete this form as all info will be input at Kiosk, however make sure to have all info with you. Higher fees apply during ALL packet pick up days and times.

	11/21	11/22	11/23
	(Tues.)	(Wed.)	(race day)**
	5 – 8 PM	5 - 8 PM	7 – 8 AM
Adults	\$50	\$50	\$60
Ages 9-21	\$25	\$25	\$35
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**No registrations will be accepted after 8 AM on 11/23/17.

IMPORTANT: PLEASE READ

- Fee is non-refundable and non-transferable.
- The run is held in ALL weather and is not cancelled unless the police close the roads. In the unlikely event of a cancellation, the run will NOT be rescheduled.
- Minimum age is 9. Children under 11 must be accompanied by an adult.
- For the safety of all, BABY STROLLERS, JOGGERS, SKATEBOARDS, BICYCLES and DOGS are NOT permitted.
- Awards are based on GUN time. Line up near the front if you are competing for an award.
- Participants MUST line up at the appropriate pace sign. For safety reasons, walkers should not line up in the front.

Thank you for your cooperation!

Race Packet Pick Up

Race Packet includes T-shirt & Race Bib.

Port Washir	ngton Senior Citi	izens Center		
80 Manorhaven Blvd. Port Washington NY				
Tuesday	Wednesday	Thursday		
11/21	11/22	11/23		
5 – 8 PM	5-8 PM	7 – 8:25 AM		

Award Categories

At race end, awards based on GUN TIME are given to the top three athletes overall, male/female in each age group & wheelchair. Age groups: 9-12, 13-15, 16-19 and 5 year age breaks to 79, 80+.

Timing and Results

Race bibs have an embedded timing chip. Timing and place based on chip time is calculated by Finish Line Road Race Technicians (FLRRT) and posted at the finish line and at www.FLRRT.com.

T-shirts

All registrants will receive a T-shirt. We make every attempt to provide the size selected when registering, but cannot guarantee that all sizes will be available.

Directions to the Start:

Manorhaven Blvd, Port Washington From the Long Island Expressway, Exit 36: Go north approximately 4 miles to Main St., Port Washington. Turn left. Take Main St. to Shore Rd. Turn right. Take Shore Road to Manorhaven Blvd. Turn left. Start is adjacent to Manorhaven Park—approximately ¼ mile on left.

Parking

Participants are urged to carpool, arrive early and park in Soundview Marketplace (on Shore Road) or Sousa & Manorhaven elementary school parking lots where there is free parking.

Manorhaven Park parking lot closes at 7:30 AM or whenever the lot is full. Local roads close at 8AM.

Food Pantry Donations

At race packet pick up participants are encouraged to donate items and gift cards to the *Our Lady of Fatima* food pantry. Preferred items include cereal, cooking oil, canned fruit, pasta & sauce, rice, beans and canned tuna. Expired items will be thrown out on site. Local area grocery store gift cards or prepaid credit cards are suggested and greatly appreciated!

The Community Chest of Port Washington

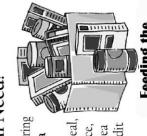
All proceeds from the Port Washington Thanksgiving Day 5 Mile Run go to the Community Chest of Port Washington, a 501 (c) (3) charitable organization dedicated to improving the lives of Port Washington residents. Race fees & contributions are fully deductible to the extent provided by law. To learn more about the Community Chest and the charities it supports, contact info@portchest.org, (516)767-2121, visit www.portchest.org or become a friend on Facebook.

Non-Profit Org.
US Postage
PAID
Flushing NY
Permit No. 1832

Or Current Resident

Help a Neighbor in Need!

In the spirit of giving thanks, please donations for the **Our Lady of Fatim Food Pantry** to race packet pick up. Preferred items include unexpired co cooking oil, canned fruit, pasta & sar rice, beans, and canned tuna. Local a grocery store gift cards or prepaid cr cards are suggested and greatly



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THE
COMMUNITY
CHEST OF
PORT
WASHINGTON





&
THE
TOWN OF
NORTH
HEMPSTEAD

CO-PRESENT

42nd ANNUAL PORT WASHINGTON THANKSGIVING DAY 5 MILE RUN

Sanctioned & Certified by USATF

Benefiting The Community Chest of Port Washington

Thanksgiving Day
Thurs., Nov. 23, 2017 8:30AM
Start: Manorhaven Boulevard
Port Washington, NY
(Adjacent to Manorhaven Park)



Port Washington, NY 11050

382 Main Street, Ste. 105

Community Chest of Port Washington