



Greenburgh Annual 9-11 Memorial 5K Run

Co-sponsored by the Greenburgh Road Runners and the
Greenburgh Parks and Recreation Department, to benefit the
ELMSFORD ANIMAL SHELTER.

Saturday, September 11th, 2010

NEW Start Line & Finish Line: The South County Trail located at
The Great Hunger Memorial at V.E. Macy Park
(formerly the Cantina Restaurant off of the Saw Mill River Parkway)

*For directions please visit our website at www.greenburghny.com/parks *

Pre-registration: \$10.00 checks make payable to:
Elmsford Animal Shelter

Deadline for pre-registration is September 05, 2010

Mail to: Nancyanne Bonacci
615 Palmer Road, Apt. 103
Yonkers, NY 10701

Registration: \$20.00 on day of event

Bring any donations of unopened canned or bagged dog and cat food, leashes and collars for
shelter to registration area

Winner in each class will receive a trophy. The winning High School or Middle School participant
will have their name inscribed on the Memorial Trophy, which will be on display at Greenburgh
Town Hall for the year.

Registration Time: 8:00am-8:45am, all participants are to report to the
Registration table at the Great Hunger Memorial at V.E. Macy Park **no later than 8:45am.**

For further information call (914) 693-8985 ext. 153

Race starting at approximately 9:00am

***In case of inclement weather race day please call our weather hotline at: 693-8985 ext 135 ***

<u>Youth</u>	<u>Non-Master Competitive</u>	<u>Master Competitive</u>
7 – 9	19 – 29	40 – 49
10 – 13	30 – 39	50 – 59
14 – 18 (High School Division)		60 and over

Race Walkers

Release of Liability: In consideration of the foregoing, I for myself, administrators and assignees, do hereby
release and hold harmless the Greenburgh Parks and Recreation Department, Greenburgh Roadrunner Club, its
sponsors, officers, board members, agents *including independent contractors) and volunteers or successors formal
claims of damage, demands, actions and courses of action arising from all or growing out of my participation in said
race. I further attest to that I am physically qualified to participate in the race and have trained adequately for this
even and do not suffer from any major medical illness that would make my participation a medical risk.

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age on Race Day: _____

Signature: _____

(Parents must sign for youth under 18 years of age.)