

VALLEY STREAM RUNNING CLUB

5K RACE

Sunday, May 21, 2017
A.J. Hendrickson Park
Valley Stream, New York
Race begins at 9:00am

**REGISTRATION
& T-SHIRT:**

\$20.00 Pre-registration deadline Sat., May 20th, 2017 at 6pm
\$25.00 Day of Race: 7:15am-8:15am at Valley Stream (Pool parking lot @Hendrickson Park)
THE FIRST 200 ENTRANTS WILL RECEIVE A VSRC T-SHIRT (while supplies last)
Packet pick up is strongly recommended for Saturday May 20th, 2pm-6pm at Valley Stream
Community Center to avoid race day rush.

TO REGISTER ONLINE visit: RunSignUp.com
RAIN OR SHINE/ NO REFUNDS

**SEND ENTRIES
(Payable) TO:**

Valley Stream Running Club, Inc.
18 Holiday Court
North Woodmere, NY 11581

COURSE:

Start at Hendrickson Pool Parking lot and Finish at the Community Center Gazebo area. A flat and fast
2 loop course. Race timing by PRTiming
****No baby strollers or pets allowed on race course****

AWARDS:

Awards to the first three male and female winners; Finishers Medal for all participants; Awards to
the First and second place, male and female in each age group. 18 and under, 19-24, 25-30, 31-39,
40-49, 50-59, 60 & over. First male and female wheelchair division.
For information or applications visit www.vsrunningclub.org,
email valleystreamrunningclub@gmail.com, or call 516-214-1865

Supporting our members for 2017 TCS NYC Marathon



2017 VALLEY STREAM RUNNING CLUB 5 K RACE (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 Valley Stream Running Club, 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 a licensed medical doctor has verified my physical condition. I hereby authorize and give full consent to the Valley Stream Running Club to use and or publish photographs or video, of me or my child while participating in this Recreation program.

*FOR ACCURATE RESULTS, PLEASE PRINT AND FILL IN ALL
INFORMATION CLEARLY:*

PRINT NAME _____ M _____ F _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TEL.# _____ E-MAIL _____ AGE ON _____

5 / 21 / 17 _____ D · O · B · _____ SHIRT SIZE (circle one) S, M, L, XL

SIGNATURE _____ PARENT SIGNATURE _____ (If under 17)