



ROCKLAND ROAD RUNNERS PRESENTS THE 30th ANNUAL



CITRIN COOPERMAN
FOCUS ON WHAT COUNTS



BRIDGES
REMOVING BARRIERS, ADVANCING AUTONOMY

The Cairo Family

Orange & Rockland

SUFFERN
MOUNTIES



Susie & Leonard
Buchan

Brook Valley
Podiatry

The Mitchell
Family

The
Humphrey
Family

5 MILE TURKEY TROT



The Skin Center
Dermatology Group,
Dr. Peter Friedman

Ed Rosenblum

for the Marisa Fund

Sophia Endick

Hearing
Solutions
of Rockland

A CHARITY AFFILIATED WITH THE CHILDREN'S CANCER FUND

Thanksgiving Day, November 25th, 2021 - 8:30 AM



WHERE: Start & finish at Rockland Lake State Park, Congers, NY (north parking lot #1)

COURSE: First 2 miles are rolling hills, last 3 miles are flat (USATF certification #NY03014AM)

RACE DAY SCHEDULE: Race Starts at 8:30AM - Wheelchairs start at 8:15AM

AWARDS: Top 10 m/f overall 15 & under, Top 3 m/f overall 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+
Top 3 overall Wheelchair Division (pushrim & handcrank)

Long-sleeve shirts to all who pre-register before Nov. 17th.

IN PERSON REGISTRATION AT BRIDGES. RUNNERS WHO REGISTER AT BRIDGES WILL RECEIVE SHIRTS ON A FIRST COME FIRST SERVE BASIS. - NOV. 22, 23, 24

FEES: \$35 - Early Bird (register before Sept 1)

\$40 - General | \$25 - RRR members | \$20 Senior (65+)

Additional \$6 if you would like to have your shirt mailed to you

QUESTIONS? Call 914-522-3890 or email turkeytrotdirector@rocklandroadrunners.org

ON LINE: Register at www.rocklandroadrunners.org/turkeytrot

RACE RESULTS: Posted Next Day

***Join the Thanksgiving spirit!**

All participants are requested to bring nonperishable food for our annual food drive to Rockland Lake. All collected food will be given to "PEOPLE TO PEOPLE" for families in need throughout Rockland County.



**PRE-RACE REGISTRATION
SHIRT & RACE NUMBER
PICKUP**

Mon, Tues., & Wed.
Nov. 22, 23, 24
12 noon - 8 pm

Bridges
2nd Floor, Palisades Center
One floor up
from Best Buy



HAPPY THANKSGIVING!

FIRST NAME: _____ LAST NAME: _____ ☐ MALE ☐ FEMALE

STREET ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

E-MAIL _____ @ _____ AGE ON RACE DAY: _____ BIRTH DATE: _____

SHIRT SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ X-LARGE ☐ 2XL ☐ 3XL

Entry Amount Enclosed: ☐ \$35 Early Bird (before 9/1) ☐ \$40 ☐ \$25 RRR members Membership #: _____ ☐ \$20 Senior - Age 65+
☐ \$6 Please Mail My Shirt to Me

- ☐ I would like to join the Rockland Road Runners. I have enclosed a separate check of \$25 for the 2021 calendar year.
☐ I/My business/corporation would like to be a sponsor for next year's Turkey Trot. Please contact me.

Make checks payable to: RRR **Mail entry form to:** Turkey Trot c/o RRR, P.O. Box 435, Congers, New York 10920

WAIVER MUST BE SIGNED

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete or assist in the event. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat, humidity, extreme cold, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for participation, I for myself and anyone entitled to act on my behalf, hereby waive and release the Road Runners Club of America, the Rockland Road Runners, the Palisades Interstate Park Commission, Town of Clarkstown, County of Rockland, People to People, Rockland County Policy Hispanic Society, New York State Police, Super Race Systems and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that bicycles, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this guideline. I also grant permission to the event organizers to use or authorize others to use any photographs, motion pictures, video, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

ABSOLUTELY NO REFUNDS, EXCHANGES, OR TRANSFERS.

Signature: _____ Date: _____ Parent's Signature (if under the age of 18): _____

Contribute to a Cure

100% of your donation supports cancer research and suffering children and families.

The Marisa Fund is a team of volunteers who aren't paid a salary, nor pursue rich promotional or advertising campaigns. We keep expenses to a minimum so every dollar you give makes a difference.

Supporting Research

The Marisa Fund is dedicated to wiping out pediatric cancer in our lifetime...join us in the fight!

Helping Families

The Marisa Fund provides financial assistance to families of children with cancer when insurance is not enough and they are unable to meet the high cost of care

Support Your Favorite Runner

or get others to support you and help us to help kids with cancer by signing on to our donation page at

MarisaFund.org



\$1.00

A \$1 donation could be THE dollar that finds a cure for childhood cancer and puts an end to the suffering of sick children.

\$10.00

A \$10 donation pays for one hour of babysitting and allows mom and dad to take their child for chemotherapy while the healthy child remains at home.

\$25.00

A \$25 donation pays for one way transportation to the hospital or home from school for a sibling of a sick child.

\$100.00

A \$100 donation pays for basic groceries for a family whose dollars are spent on treatment, leaving no budget for food.

\$250.00

A \$250 donation helps pay for an iPad so family members can FaceTime with a sick child that can't be at home.

\$500.00

A \$500 donation pays for 1-2 hours of research with the top Oncology professionals in our country.

Want to donate by mail? No problem!

Donations can be made by mail by sending your check to:

**The Marisa Fund
C/O David Goldwasser
3309 Leeward Drive,
Haverstraw, NY 10927**

Please make checks payable to The Marisa Fund



CITRINCOOPERMAN
FOCUS ON WHAT COUNTS



Orange & Rockland



THE CAIRO FAMILY

Hearing Solutions of Rockland

SUFFERN MOUNTIES

Brook Valley Podiatry

Ed Rosenblum



The Mitchell Family

The Humphrey Family



The Skin Center Dermatology Group, Dr. Peter Friedman

Carol and Bill Carpenter



Sophia Endick

Susie & Leonard Buchan

Centerock Podiatry
specializing in foot and ankle care



KNIGHT CONSTRUCTION, INC.

Mitchell S. Cairo, MD.

citibank OF NEW CITY



The Treadaway Family



County of Rockland Office of the County Clerk

Mom, Dad, & Max

eyemagination optical



Dr. Peter Costa
North Rockland Podiatry



Bobbi Kohn



Better Family

Bernie Casserly

JIM MALONE

Kimberg Family

Mom, Dad, Ella & Molly



Stop&Shop

Iturbe Family

Lenny Sullivan

Endick Family

Kevin Stokes Excavating, Inc.



Nadine Kohn

Rich, Sophia & Anthony Fernandez

Noel L. McWilliams

