Registration Form		Port Washington Thanksg	Port Washington Thanksgiving Day 5 Mile Run, November 22, 2018
portion of the regis mail confirm	received after 11/19/18 can't be istration, you must pr	stration. <u>Registrations received after 11/19/18 can't be processed by the office.</u> See application form for in-pe ation of this registration, you must provide a legible & valid email address.	tion form for in-person registration information. nail address.
First name	Last	Last name	
$\begin{array}{c c} \operatorname{Gender.} & \operatorname{MALE} & \operatorname{Gender.} & \operatorname{FEMALE} & \operatorname{Agg} & \operatorname{Agg} & \operatorname{Mark Box} & \operatorname{X} & \operatorname{Thi} & \operatorname{Thi} & \operatorname{Thi} & \operatorname{Thi} & \operatorname{Thi} & \operatorname{Agg} & \operatorname{Agg}$	Age on race day This is NOT optional	Check if wheelchair	Entry fee/charitable donation
Street address			Donation to the Community Chest (optional)
City, state, zip			Adults \$35
Phone			Age 9-21 \$25
Email			Wheelchair \$25
Shirt size YOUTHL ADULT S	ADULT M ADULT L	L ADULT XL	\$ LOTAL \$
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 ucknowledge and agree that I am voluntarily and knowingly assuming all risks and injuries which are inherent in or which may arise from my voluntary participation in this event. I further hereby knowingly and voluntarily waive under lease and an elease any and all rights and claims for damages that I have or may ever have against the Community Chest of Port Washington, Sands Point, Raxer Estates and Volice Departments, the Port Washington and all rights and claims for damages that I have or may ever have against the Community Chest of Port Washington, Sands Point, Raxer Estates and Port Washington North, all event sponsors, officers, igents and employees of all of the above for all injuries or damages suffered by me arising from or caused by my participation in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of he event and that a licensed Medical Doctor has verified my physical condition. Further, hereby grant permission to use, and release said rights to any photographs, videotapes, motion pictures, recordings or any other record of the sufficiently trained for the understand that I will receive no compensation of any form in connection therewith. Date Date I will receive and understand that I will receive or compensation of any form in connection therewith.	nt and sign below. In consideration of your accepting this entry, I, the wingly assuming all risks and njuries which are inherent in or which that I have or may ever have against the Community Chest of Port We North Hempstead, Finish Line Road Race Technicians, Inc., the Villag sor damages suffered by me arising from or caused by my participatio fied my physical condition. Further, I hereby grant permission to use, at I will receive no compensation of any form in connection therewith.	e undersigned, intending to be legally bound, many arise from my voluntary participation in schington, the Port Washington, Sunds Point, saxuer Estant pes of Manorhaven, Sands Point, Baxter Estant in in said event. Lattest and verify that I am pand release said rights to any photographs, van Date	nt and sign below. In consideration of your accepting this entry, I, the undersigned, intending to be logally bound, hereby, for myself, my heirs, my executors and administrators wingly assuming all Tisks and injuries which are inherent in or which may arise from my voluntary participation in this event. I further hereby, knowingly and voluntarily waive that I have or may ever have against the Community Chest of Port Washington, Sands Point and Nassau County Police Departments, the Port Washington North Hampstead, Finish Line Road Race Technicians, Inc., the Villages of Manorhaven, Sands Point, Baxter Estates and Port Washington North, all event sponsors, officers, so redamages suffered by me arising from or caused by my participation in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of fied my physical condition. Further, I hereby grant permission to use, and release said rights to any photographs, videotapes, motion pictures, recordings or any other record of this at I will receive no compensation of any form in connection therewith. Date Date Date Date Da

Mail or Walk-In

Deadline: Form & payment MUST BE in the Community Chest office by Monday, November 19, 2018 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 19, 2018 (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.

	11/20	11/21	11/22
	(Tues.)**	(Wed.)**	(race day)**
	5 – 8 PM	5 - 8 PM	7 – 8 AM
Adults	\$50	\$50	\$60
Ages 9-21	\$25	\$25	\$35

**No registrations will be accepted after 8 AM on 11/22/18, or once we reach 3,000 participants.

IMPORTANT: PLEASE READ

- Once we reach the 3,000-participant cap, we are required to close registration.
- 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, 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 MAY NOT line up in the front.

Race Packet Pick Up

Race Packet includes T-shirt & Race Bib.

Port Washington Senior Citizens Center				
80 Manorhaven Blvd. Port Washington NY				
Tuesday	Wednesday	Thursday		
11/20	11/21	11/22		
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 1/4 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.

Flushing NY Permit No. 1832 Non-Profit Org.

Or Current Resident

Help a Neighbor in Need!

THE **COMMUNITY** CHEST OF PORT WASHINGTON





& THE TOWN OF NORTH HEMPSTEAD

CO-PRESENT

43rd ANNUAL PORT WASHINGTON THANKSGIVING DAY 5 MILE RUN

Sanctioned & Certified by USATF

Benefiting The Community Chest of Port Washington

Thanksgiving Day Thurs., Nov. 22, 2018 8:30AM Start: Manorhaven Boulevard Port Washington, NY (Adjacent to Manorhaven Park)

