

VALLEY STREAM RUNNING CLUB  
5K RACE

Sunday, April 28th, 2019  
A.J Hendrickson Park  
Valley Stream, Race/Walk begins at 9:00am

**REGISTRATION & T-SHIRT**

**\$25.00 Pre-registration deadline Sat., April 28th, 2019 at 6pm \$30.00 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 April 27th 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 and finish at Hendrickson Pool Parking lot. Flat and fast 2 loop course. Race/walk, timing by PR Timing  
**\*\*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.  
For information or applications visit [www.runsignup.com](http://www.runsignup.com). Email: [valleystreamrunningclub@gmail.com](mailto:valleystreamrunningclub@gmail.com) or call 516-214-1865



**2019 VALLEY STREAM RUNNING CLUB 5K 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 \_\_\_\_\_  
CELL# \_\_\_\_\_ E- MAIL \_\_\_\_\_ AGE ON 4/28/19 \_\_\_\_\_  
D. O. B. \_\_\_\_\_ SHIRT SIZE ( circle one) S, M, L, XL  
SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ (If under 17)



**TRUSTEES**  
JOHN L. TUFARELLI  
DERMOND E. THOMAS  
SEAN WRIGHT

**MAYOR**  
EDWIN A. FARE  
**DEPUTY MAYOR**  
VINCENT M. GRASSO

**VILLAGE JUDGE**  
VIRGINIA CLAVIN-HIGGINS  
**VILLAGE CLERK**  
ROBERT V. FUMAGALLI

