

Sixth Annual Ray Licata Memorial
LONG BRANCH OCEAN SWIM
(at Pier Village)



CO-SPONSORED BY THE LONG BRANCH DEPARTMENT OF RECREATION

1 MILE SWIM & FUN SWIM (100 yards)

to benefit

Swimmer Safety at the Long Branch Beachfront

Sunday, August 15th, 2010

TIME: **8:00 am** **One Mile Swim**
Fun Swim (100 yards) to follow

REGISTRATION: **6:30-7:45 am** at Pier Village
(pre-registration, form must be received by August 4th)

FEE: **\$20 1 Mile** (on or before 8/4) \$20 pre-registration fee (until 8/4), \$25
(no refunds) **\$25 1 Mile** (after 8/4) after 8/4. (T-shirt to all pre-registered,
\$15 Fun Swim *post-registered while supplies last).*

AWARDS: **Top 3 Male & Female Overall and Top 3 in Age Groups:**

(no duplicate awards)

- 14 & under • 38-44 • 70-79
- 15-20 • 45-52 • 80 & over
- 21-28 • 53-59
- 29-37 • 60-69

(Swimmers wearing wetsuits are not eligible for awards)

WEATHER: **Cancellation of Swim:** The Beach Manager will cancel this event if the weather or ocean conditions are unsafe

INFORMATION: **732-222-2932 (evening) or RayLicataMemorialSwim@yahoo.com**
 YOU MAY ALSO REGISTER ONLINE AT **ACTIVE.COM**

See www.RayLicataMemorialSwim.com for more information



Checks payable to: **Ray Licata Memorial Swim**

Mail to: **21 Cedar Ave, Long Branch, NJ 07740**

1 MILE SWIM ___ **FUN SWIM** ___ T-Shirt: Youth XL ___ S ___ M ___ L ___ XL ___ Sex: M ___ F ___ Age on Race Day: ___

Last Name: _____ First Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

In consideration for accepting this entry and the granting of the right to participate, I the undersigned intending to be legally bound, hereby for myself, my heirs, personal representatives, successors, & assigns, waive and release any and all claims for losses and damages I may have against event committee, volunteers, event sponsor, City of Long Branch, participating beach employees, or other persons, whomsoever for any and all injuries, illness, including death; that may result from my participation in said event. I represent and affirm that I am in good physical condition to participate in this event, and verified by a licensed physician and have sufficiently trained for the completion of this event. Ray Licata Memorial Swim is not responsible for lost or stolen personal property.

Signature: _____ Date: _____

Parent (or Guardian if under 18): _____ Date: _____