



OFFICIAL ENTRY FORM
**45th Annual L.B.I. COMMEMORATIVE
 18-MILE RUN**



Sunday, October 8, 2017 – 10:30 AM

Name _____
 Last First

Street _____

Town _____

State _____ Zip _____

Phone _____ DOB _____

Age on Race Date _____ Sex: M ___ F ___

Shirt Size (circle one): **S M L XL**

USATF-NJ #: _____ (if applicable)

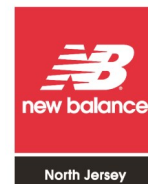
ENTRY FEE:

\$40 (per runner) if registered by 8/31/17

\$45 (per runner) if registered by 9/30/17

\$55 (per runner) if registered after 9/30/17

**\$35 (per runner) for USATF-NJ
 Member discount until 10/2/17
 fees honored by postmark date**



North Jersey
**2017
 Grand Prix**



500 Point Event

Awards Division Eligibility [CHECK ONE BOX ONLY!!!!]

- ☐ **Age Group** 17 and under; 18-24; 25-29; 30-34; 35-39; 40-44; 45-49;
 (Age as of race date) 50-54; 55-59; 60-64; 65-69; 70-74; 75 and over
- ☐ **Islander** To qualify in this category you must reside on Long Beach Island 12 months out of the year. NO WEEKEND ISLANDER! Voter Registration Card required if necessary.
- ☐ **Wheelchair** Please notify Race Director
- ☐ **Relay Division** Only one finishing medal will be given per relay team.

PLEASE READ, SIGN & DATE THE FOLLOWING:

In consideration of your accepting this entry, I hereby, for myself, (my son/daughter), heirs, executors and administrator, waive and release any and all right and claim for damage I may have against St. Francis Center, the USATF-NJ or the municipalities in which the race is conducted, their staff, officials, representatives, successors and assignees for any and all injuries suffered by me, (my son/daughter) in said event. I also give my permission for the free use of my (my son/daughter's) name and/or picture in any broadcast, telecast or other account of this event. I certify that the above information is true and correct, and that I have read and understand this application. I understand I am not permitted to run with a baby stroller or an animal (i.e., dog) and, if doing so, I will be disqualified.

PLEASE NOTE: Athletes who participate in this competition will be subject to formal drug testing in accordance with USATF rules and IAAF Rule 144. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and will lose eligibility for future competitions. Some prescription and over-the-counter medications contain banned substances. Information regarding **drugs, and drug testing may be obtained by calling the USOC Hotline at (800) 233-0393**. By my participation in this Activity, I am granting permission to use my name, likeness, voice and words in television, radio, films, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose or communicating the purposes of the Annual LBI Commemorative 18-Mile Run appealing for funds in support of the Activity.

Signature _____

Parent/Guardian's Signature _____

Date _____

**Registration Closes Promptly
 at 9:30 A.M. on the Race Day.**

**Finish Line Closes Promptly
 at 2:15 P.M.**



Funded in part by a grant from the
Board of Chosen Freeholders
www.OceanCountyTourism.com

Mail Entry Form ASAP to:

St. Francis Community Ctr.
 4700 Long Beach Blvd.
 Long Beach Twp., NJ 08008
(609) 494-8861

**Make checks payable to:
 St. Francis Community Center**

This application may be duplicated.