

THE GEORGE SHEEHAN CLASSIC

SATURDAY, JUNE 18, 2011



**FRI-SATURDAY
JUNE 17 & 18th**

**DOWNTOWN
RED BANK, NJ**

FIVE MILE CLASSIC 2 MILE HEALTH WALK KIDS' CLASSIC

RACE PROCEEDS BENEFIT: Parker Clinic and many more LOCAL ORGANIZATIONS

Race Amenities

- Runners' Expo Village
- Friday Evening Music
- T-Shirts/Medals
- Famous Post-Race Picnic
- 8:30am race start

Awards and Recognition

- Prize money-Open & NJ
- Std. 5-yr age groups
- Team Competition
- Random Prizes

Directions

Garden State Pky to Exit 109. Rt. 520 east to end. Left onto Broad Street to middle of town. Parking in lots on side streets.

* **HOTLINE:** 732-571-2162 * **Email:** info@sheehanclassic.org * **Web:** www.sheehanclassic.org

ONE APPLICATION PER ENTRANT – APPLICATIONS MAY BE REPRODUCED ON-LINE ENTRY ENCOURAGED

5-Mile Run

Early Entry Postmarked before June 1.....\$25.00
 Pre-Entry June 1- June 10.....\$28.00
 Post Entry June 11- June 17.....\$30.00
 RACE DAY FEE.....\$35.00

2-Mile Walk

Pre Entry by June 10.....\$20.00
 Post Entry and Race Day.....\$25.00

Kids' Classic

Pre Entry \$10.00
 Post Entry \$15.00

I AM ENTERING (check one only) **5 Mile Classic** **2 Mile Walk** **Kids' Classic**

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age (on race day) _____ Male _____ Female _____

Shirt Size: **S M L XL** Youth Size: **YM YL** (Available for Kids' Classic Only)

Phone: _____ E-Mail: _____ Team Name (optional): _____

Entry Fee Enclosed: _____
 Opt. Donation _____
Total check amount _____

Make Check payable and mail to:
 The George Sheehan Classic
 PO Box 7720, Shrewsbury, NJ 07702



Liability and Publicity Release: (Failure to sign and date will delay processing your application)
 Please accept my entry in the George Sheehan Classic Races/Walks. I hereby state that I have conditioned myself to participate in the event I have chosen. I, for myself, my executors, administrators and assignees, do hereby release and discharge The Sheehan Classic Inc, officials, sponsors, and volunteers from damages of injuries occasioned by my participation in the Sheehan Classic races/Walks. I also authorize The George Sheehan Classic Inc officials to utilize any photographs, video, and audio tape of my participation in the events for any and all purposes. By signing my name below, I certify that I have read all the items and conditions of this release and do intend to be legally bound thereby.

Signature: _____ Date: _____ (Parent if athlete is under 18)

In Case of emergency, please notify: _____ Phone: _____

IMPORTANT: ONE STAMPED SELF ADDRESSED BUSINESS ENVELOPE REQUIRED FOR EACH ENTRY NUMBERS AND INFORMATION PACKET WILL BE MAILED OUT IN EARLY JUNE. NO REFUNDS.