

RYE RECREATION'S 33RD ANNUAL TURKEY RUN

Schedule of Events:

Saturday, November 28

Start and Finish at Rye Recreation Park

Check-In and On-Site Registration starts @ 8:00am

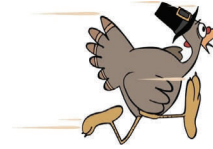
1 Mile Paws Walk-A-Thon @ 9:00am

1 Mile Fun Run/ Walk (non competitive) start @ 9:30am

3.1 and 5.2 Mile Races start @ 10:00am

*****For runners participating in 2 events (Paws or 1 mile AND 3.1 or 5.2), check all races that apply below. Pay only for ONE race per person!**

Fees:



Pre-Registration \$5 under 18
\$10 18 and over

Day of Event \$10 under 18
\$15 18 and over

For more information: 914-967-2535 www.ryeny.gov/recreation.htm

PLEASE PRINT

Payer's Name

Email Address

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Participants First/ Last Name

Birth Date
(required)

Age

Sex
(circle one)

Check Event: *****check all that apply; pay for ONE.**

Fee
(circle)

Participants First/ Last Name	Birth Date (required)	Age	Sex (circle one)	___ Paws	___ 1 Mile	___ 3.1 Mile	___ 5.2 Mile	Fee (circle)
			M / F	___ Paws	___ 1 Mile	___ 3.1 Mile	___ 5.2 Mile	\$5 / \$10
			M / F	___ Paws	___ 1 Mile	___ 3.1 Mile	___ 5.2 Mile	\$5 / \$10
			M / F	___ Paws	___ 1 Mile	___ 3.1 Mile	___ 5.2 Mile	\$5 / \$10
			M / F	___ Paws	___ 1 Mile	___ 3.1 Mile	___ 5.2 Mile	\$5 / \$10
			M / F	___ Paws	___ 1 Mile	___ 3.1 Mile	___ 5.2 Mile	\$5 / \$10
			M / F	___ Paws	___ 1 Mile	___ 3.1 Mile	___ 5.2 Mile	\$5 / \$10

As a participant in the above program, I recognize and acknowledge that there are certain risks of injuries, damages, or loss which I or my child may sustain as a result of participation. I further understand that the City of Rye DOES NOT provide medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the City of Rye, the Rye Recreation Department, its officers, agents, employees, and event sponsors from any and all claims.

Signature: _____ Date: ___/___/___

METHOD OF PAYMENT

___ Make Check Payable to "City of Rye"

___ Charge My Credit Card (circle one) → MasterCard Visa Discover AMEX

Credit Card Number

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Expiration Date ___/___
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Security Code

PRINT Card Holder Name: _____

Card Holder Signature: _____