



THE ANNUAL RUN TO REMEMBER

Hosted by the Riverhead Administrator's Association
www.riverheadr2r.com | r2r@riverhead.net

RUN BEGINS: Sunday, May 20, 2018 at 9:30AM
DAY-OF 5K REGISTRATION BEGINS AT 7:15AM
AND KIDS "FUN RUN" at 9:00AM

The Run to Remember 5K Walk/Run will bring healing, love and support for all families, faculty and community members by celebrating the memories of loved ones. Memorial boards will be in place at the RHS Gymnasium, and funds raised go towards the RHS Senior Class Scholarships.

ENTRANCE FEES: **\$20.00** for 5K EARLY or ONLINE REGISTRATION
\$25.00 for LATE or DAY-OF REGISTRATION
(7:15AM-8:50AM)
FUN RUN race for kids at RHS Track **FREE** (10 and under)

SPECIAL REGISTRATION:
\$15.00 for RIVERHEAD CSD
STUDENTS

START/FINISH: SCHOOL STREET → RIVERHEAD HS PARKING LOT
The route will have clocks at each mile, water on the course,
and bagels and snacks at the finish!

SHIRTS GUARANTEED TO THE FIRST 150 5K PARTICIPANTS TO REGISTER

AWARDS: Awards will be given to the top three male and female finishers in each age category.
(9 and under, 10-11, 12-13, 14-15, 16-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70 and older)

CONTACT: For more information and applications, visit our website
www.riverheadr2r.com, email us at r2r@riverhead.net, or call **Patrick Burke** at **631-369-6793**.



Cut along the dotted line

R2R REGISTRATION FORM

Please make all checks payable to the **RAA (Riverhead Administrator's Association)**.

Mail to **Pulaski St. Elementary School, Attn. R2R/Patrick Burke, 300 Pulaski Street, Riverhead NY 11901**

CHECK ONE: <input type="checkbox"/> 5K <input type="checkbox"/> FUN RUN	NAME:	AGE:	GENDER:
DATE OF BIRTH (MM/DD/YY) / /	ADDRESS:		
EMAIL:		PHONE NUMBER:	
SHIRT SIZE (CIRCLE): S - M - L - XL - XXL	SCHOOL YOU ATTEND:		

Please complete the entry blank, read the following statement, and sign below: In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby waive and release and hold harmless Riverhead Central School District, the Riverhead Administrative Association, the Town of Riverhead, Suffolk County, all sponsors and representatives, successors and assigns, for any and all liabilities, claims, demands and causes of action whether or not arising in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. If signed by a parent, the parent agrees to release and hold the above-named organizations and personnel harmless of any claims and rights which may be asserted on behalf of the entrant. Further, I hereby grant permission to any and all of the foregoing to use any photographs, video, recordings, or any other record of this event for any purpose whatsoever.

SIGNATURE (Parent if under 18) _____ **DATE** _____