OFFICIAL ENTRY FORM
32nd ANNUAL L.B.I. COMMEMORATIVE 18 MILE RUN

SUNDAY, OCTOBER 10, 2004 • RACE STARTS 10:30AM

Name _____ _____
Last First

Street _____

Town _____

State _____ Zip _____ Phone _____

DOB _____ Age on Race Date _____ Sex: Male ☐ Female ☐

Email: _____ Chip #: _____ USATF-NJ #: _____ (if applicable)

ENTRY FEE: $25 (per runner) for USATF-NJ Member discount until 9/30/04
$27 (per runner) if registered by 8/31/04;
$32 (per runner) if registered by 9/30/04;
$40 (per runner) if registered after 9/30/04

All fees honored by **Post Mark date.**

MAKE CHECKS PAYABLE TO: ST. FRANCIS CENTER

Awards Division Eligibility (CIRCLE ONLY ONE CATEGORY)

Age as of race day

17 and under	18-24	25-29	30-34	35-39
40-44	45-49	50-54	55-59	60-64
64-69	70-74	75 and over		

ISLANDER WHEELCHAIR RELAY DIVISION

Definition of Islander: A 12 month.year round LBI resident
Not a weekend/summer Islander Voter Registration Card required for verification

USA TRACK & FIELD

new balance hasbrouck heights

New Jersey Grand Prix Event 500 Points

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. This event will be scored by Compuscore, using the Champion Chip Timing System. All rental chips must be returned at the finish line. Failure to return the chip will result in a $35 fee. 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.

Signature _____ Parent/Guardian's Signature _____ Date _____

REGISTRATION CLOSES PROMPTLY
AT 9:30AM
ON THE DAY OF THE RACE
FINISH LINE WILL CLOSE
PROMPTLY AT 2:15

This application can be duplicated.

Mail Entry Form ASAP to:
St. Francis Community Center
4700 Long Beach Blvd.
Brant Beach, NJ 08008
(609) 494-8861
Please send with this Entry Form a
Self-Addressed Stamped Envelope

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