



ROCKLAND ROAD RUNNERS PRESENT THE 26th ANNUAL



5 MILE TURKEY TROT for the Marisa Fund



CITRINCOOPERMAN[®]
FOCUS ON WHAT COUNTS

A CHARITY AFFILIATED WITH THE PEDIATRIC CANCER RESEARCH FOUNDATION

Thanksgiving Day, November 23rd, 2017 - 8:30 AM

WHERE: Start & finish at Rockland Lake State Park, Congers, NY (north parking lot #1)

COURSE: First 2 miles are rolling hills, last 3 miles are flat (USATF certification # NY03014AM)

RACE DAY SCHEDULE: *Race Starts at 8:30AM - Wheelchairs start at 8:15AM*

AWARDS: Top 10 m/f overall 15 & under, Top 3 m/f overall 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75+
Top 3 overall Wheelchair Division (pushrim & handcrank)

Long-sleeve shirts to all who pre-register before Nov. 16th.

IN PERSON REGISTRATION AT MODELL'S: RUNNERS WHO REGISTER AT MODELL'S WILL RECEIVE SHIRTS ON A FIRST COME FIRST SERVE BASIS. - Nov. 20, 21, 22

**PRE-RACE REGISTRATION
SHIRT & RACE NUMBER
PICKUP**

Mon., Tues., & Wed.
Nov. 20, 21, 22
12 noon - 8 PM

MODELLS
2th Floor, Palisades Center
West end of mall

FEES: **\$35 - General | \$25 - RRR members | \$20 Senior (65+)** (must be pre-registered)

QUESTIONS? Call 914-522-3890 or email turkeytrotdirector@rocklandroadrunners.org

ON LINE: Register at www.rocklandroadrunners.org/turkeytrot

RACE RESULTS: Posted Next Day



*Join the Thanksgiving spirit!

All participants are requested to bring nonperishable food for our annual food drive.

All collected food will be given to "PEOPLE TO PEOPLE" for needy families throughout Rockland County.



HAPPY THANKSGIVING!

FIRST NAME: _____ LAST NAME: _____ MALE FEMALE

STREET ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

E-MAIL _____ @ _____ AGE ON RACE DAY: _____ BIRTH DATE: _____

Entry Amount Enclosed: \$35 \$25 RRR members Membership #: _____ \$20 Senior - Age 65+ (must be pre-registered)

- I would like to join the Rockland Road Runners. I have enclosed a separate check of \$25 for the 2017 calendar year.
- I/My business/corporation would like to be a sponsor for next year's Turkey Trot. Please contact me.

Make checks payable to: RRR Mail entry form to: Turkey Trot c/o RRR, P.O. Box 435, Congers, New York 10920

WAIVER MUST BE SIGNED

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete or assist in the event. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat, humidity, extreme cold, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for participation, I for myself and anyone entitled to act on my behalf, hereby waive and release the Road Runners Club of America, the Rockland Road Runners, the Palisades Interstate Park Commission, Town of Clarkstown, County of Rockland, People to People, Rockland County Policy Hispanic Society, New York State Police, Super Race Systems and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that bicycles, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this guideline. I also grant permission to the event organizers to use or authorize others to use any photographs, motion pictures, video, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

ABSOLUTELY NO REFUNDS, EXCHANGES, OR TRANSFERS.

Signature: _____ Date: _____ Parent's Signature (if under the age of 18): _____

Arrive Early!

Road closed for race at 8:00am

NO Race Day Registration

**Pre-Race Registration
Shirt & Race # Pickup**

Mon., Tues., & Wed.

Nov. 20, 21, 22 • 12 noon – 8 PM

MODELL'S

2nd Floor, Palisades Center
West end of mall

Support your favorite runner,
or get others to support you and
help us to help kids with cancer by
signing on to our donation page at

www.marisafund.org

The Marisa Fund is dedicated to wiping out
pediatric cancer in our lifetime...join us in the fight!

Sponsorship Pledge Form

Name _____
Address _____
Phone _____
Email _____
Amount pledged _____

Name _____
Address _____
Phone _____
Email _____
Amount pledged _____

Name _____
Address _____
Phone _____
Email _____
Amount pledged _____

Name _____
Address _____
Phone _____
Email _____
Amount pledged _____

Name _____
Address _____
Phone _____
Email _____
Amount pledged _____

You can help even more by donating at: _____
www.marisafund.org Total amount pledged _____



CITRINCOOPERMAN
FOCUS ON WHAT COUNTS

Rich Henry & Anthony
Fernandez

Lenny Sullivan

Iturbe Family



Endick Family
Marathon
Eat & Loseweight Service



McDonald's
New City

Rockland Riverside Dental
Jacob Wallach, DDS

Dr. Peter Costa
North Rockland Podiatry



Mom, Dad, Ella & Molly

mellen @ jayne
Inc.

graphic design, advertising, marketing, printing
www.mjldvertising.com

PALISADES
CENTER

FERBER'S @
Hearing Solutions

Better Family
Date of Older Times

KNIGHT CONSTRUCTION, INC.
specializing in foot and ankle care

Bobbi Kohn The Skin Center Dermatology Group,
& Family Dr. Peter Friedman



Kimberg Family

eyemagination optical

Savings For You, Inc.

citibank
OF NEW CITY

FLEET FEET
MAHWAH



Kevin Stokes
Excavating, Inc.

AMA LABORATORIES, INC.

The Humphrey Family

GARY'S GUTTER SERVICE
INC.

BRONX HOUSE

new city chiropractic

NYACK POOR HOUSE

Gonger's Bike Shop

Frederick HOUSE

Rockland Renal Associates

Restaurant and Bar
102 Main St. Nyack, NY.