Turkey Trot

25K, 5 mile, 2 mile fun, 1 mile kids run

MVP HEALTH CARE

MHRRC is proud to have MVP Health Care as our race sponsor.

Date: **Thursday, November 22, 2012**

Time:
8:30 am 25K Bob Rother Memorial 25K
8:45 am 5 mile run
9:00 am 2 mile fun run (no awards)
9:00 am 1 mile kids run (13 years and under)

Place: **Arlington High School, Route 55, Freedom Plains, NY**

Race Day Registration: **7:00 – 8:30 am in the Main Lobby of AHS**

Fee: Pre-registration by November 20, 2010
$16.00 members/ $18 non-members for 25K and 5 mile
$ 8.00 members/ $10 non-members for 2 mile fun run
$ 0 for all kids runs in 2012; please pre-register on shopping cart
Race Day
$7 more for race day registrations; Kids race $10 on race day

Awards:
25K: top 3 males 30 and under, 30-39, 40-49, 50-59, 60+
top 3 males, 30 and under, 30-39, 40-49, 50-59, 60+
5 mile: Men: up to 18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+
Women: up to 18, 20-29, 30-39, 40-49, 50-59, 60+
Kids: 10 and under, 11-13

RRCA ROAD RUNNERS CLUB OF AMERICA

Pre-Registration:
Use MHRRC shopping cart, active.com or
Checks payable to Mid-Hudson Road Runners Club
To Vince Veltre, 7 Merrick Road, Poughkeepsie, NY 12601
More info: vincerun@aol.com

Restrictions: **No strollers, roller blades, dogs, showers**

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, an administrators, waive and release any and all claims for damages I may have against Mid-Hudson Road Runners Club, Arlington Central School District, the Road Runners Club of America, and any other sponsors, their representatives and successors for any and all injuries suffered by me in this event. I also release my rights to any photos, videos, images, etc. taken of me during this event. .

Name: _____
Address: _____
_____
Zip Code: _____
Phone: _____
_____
Signature:
(Parent's signature if under 18)

Age: _____ **Gender: F M**
Date of Birth: _____
Circle one: 25K 5 mile
2 mile fun run 1 mile kids run