

AFTER THE LEAVES HAVE FALLEN

20 K Trail Race

*Fund Raiser for Josh Feldt Memorial Scholarship Fund at
Wallkill High and the Shawangunk Runners Club* Sponsored by the
Shawangunk Runners and Minnewaska State Park Preserve

*Spectacular Scenic Course on Dirt Carriage Trails that go around two Pristine
Lakes*

11 a.m. Sunday, November 14, 2010

Where? Minnewaska State Park, Route 44/55, New Paltz, NY.

Course? starts at Lake Minnewaska and follows the red, green, black (around Lake Awosting) and blue/red trails back to LK Minnewaska

Registration? starts at 9:30 am. Pre-Registration fee is \$12; Day-of fee is \$15. Make checks payable to **Shawangunk Runners**, and mail to Steve Schallenkamp at 33 Emerson St, Kingston NY, 12401. The State Park charges an \$8 per car parking fee. Car Pool to save money and parking spots ! .

Directions? Exit 18 off the NY State Thruway. Make left onto Route 299 and follow to intersection with Route 44/55. Make right onto 44/55; continue approx. 5 miles to Minnewaska State Park, on left. Go to parking lot on mountain top.

More information? Steve (eves) at 845-339-5474. or Email ssrun54@aol.com
Results will be posted at www.shawangunkrunners.org This race is sanctioned by USA Track and Field.

In consideration of accepting this entry, I, intending to be legally bound for myself, heirs, administrators and executors waive and release any and all rights and claims for damages I may have against the organizers, sponsors and the Shawangunk Runners, the People of the State of NY, NY State Executive Department, Office of Parks, Recreation and Historic Preservation, Palisades Inter State Park Commission, their Commissioners, officers, agents, and employees for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event. I understand that the carriage roads are mainly shale surfaced and moderate in grade and present varying degrees of difficulty, and that they **may parallel cliffs, ravines and other natural hazards.**

NAME _____ PHONE _____
SEX _____ AGE _____

ADDRESS _____
DATE _____

SIGNATURE _____ PARENT, IF MINOR
