

Series Presented by
Bethpage
Federal Credit Union



YMCA 5K SERIES ENTRY FORM

Please mail this form to the YMCA branch address on the back of this card
EACH PARTICIPANT MUST COMPLETE A SEPARATE ENTRY FORM!

FIRST NAME _____

LAST NAME _____

MALE FEMALE SHIRT SIZE _____

YMCA 5K SERIES LOCATION (Check all that apply)

PATCHOGUE FAMILY YMCA HUNTINGTON YMCA GREAT SOUTH BAY YMCA
BAY SHORE

AGE ON RACE DAY _____

ADDRESS _____

CITY/ STATE/ZIP _____

E-MAIL _____ PHONE _____
(TO BE USED TO COMMUNICATE RACE INFO)

EMERGENCY CONTACT NAME / PHONE

Running with a group?

_____ Group Name

ENTRY FEES

Adult:	Youth:	5K Series:
\$25 Pre-Registration	\$15 Pre-Registration	\$75 Pre-Registration
\$30 Day of Race	\$20 Day of Race	for 3 races

- Sorry, I am unable to participate, but I would like to make a sponsorship contribution of \$ _____
- Yes, I want to be a sponsor. (see Sponsorship Opportunities on back)

Make check payable to the YMCA branch name listed on the back of this card.

Total Amount Enclosed: \$ _____

REGISTER ONLINE HERE

elitefeats.com/YMCA

PARTICIPATION WAIVER

Race fees are not refundable, nor are they transferable from year to year. Once you are signed up, race fees are used for race expenses and cannot be returned.

In consideration of accepting this entry, I understand and agree to be legally bound hereby for myself, my heirs, executors & administrators, successors & assigns and waive, release & hold harmless elitefeats, Inc., Race Organizer, Race Director and all sponsors. I, the undersigned, hereby waive any and all rights and claims I may have against the YMCA of Long Island and its facilities in Bay Shore, Huntington and Patchogue, YMCA of the USA, the villages/towns in which the races are held, any volunteers and all race sponsors for damages which I may have arising from this event. I am physically fit and have trained for this event. The applicant warrants that "my physical condition has been verified by a licensed medical doctor." Further, I grant full permission to any and all of the foregoing to use and pictures, or any other record of this event, for any purpose whatsoever. If signed by a parent the parent agrees to release and hold the above names organizations and persons harmless of claims which may be asserted by or on behalf of the entrant. Further, I hereby grant permission to any and all of the above mentioned organizations and individuals to use any photographs, videotapes, motion pictures, recordings or any other record of this event and my participation in this event for any purpose whatsoever.

If signed by a parent, the parent agrees to release and hold the above named organizations and persons harmless of any claims which may be asserted by or on behalf of the entrant as well.

SIGNATURE

(If participant is under 18, parent/guardian must sign)

DATE

YMCA 5K Run/Walk in Memory of Judi

Sponsor Name _____

Address _____

Phone Number _____ **Email** _____

Contact Person Name _____ **Phone#** _____

SPONSORSHIPS AVAILABLE:

LIVESTRONG SPONSORSHIP\$1,500

Lead Sponsor for the Event. Provides 4 individuals with a 12-week LIVESTRONG program session.

- Premier name placement on signage and t-shirt
- Opportunity for race day vendor table.
- Recognition during award ceremony.
- 10 complimentary race entries

FAMILIES-IN-NEED SPONSORSHIP\$1,000

Sponsorship directly supports a local family-in-need affected by breast cancer.

- Name placement on all promotional materials including all signage and t-shirt.
- Includes 8 complimentary race entries.

PINK RIBBON SPONSORSHIP\$500

- Name placement on race t-shirt
- Includes 4 complimentary race entries.

T-SHIRT SPONSORSHIP\$250

- Name placement on t-shirt.

MILE MARKER SPONSORSHIP\$150

- Sponsor a mile marker. Signage at Mile 1, 2 or 3 on the day of race.

"IN SUPPORT OF"\$50

Recognize a friend, family member or loved one affected by cancer.

Special Ribbon displayed in lobby. Name: _____

Race Day Vendor Table\$100

Deadline for t-shirt and signage logo/name: May 3, 2019

FOR MORE INFORMATION

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GREAT SOUTH BAY YMCA

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