

AWARDS

- Top three males and females Overall
 - Top three males and females Masters
 - Top three male and female Senior Masters
 - Top 3 Clydesdales & Athenas (Men +200lbs, Women +160lbs)
 - Top three males and females in each age group
 - 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85 & over
- All Kids receive medals!**

AMENITIES

- ***Incredible raffles!*****
- 1 Week Timeshare anywhere in the world!!
- Including 32" flat screen TV, Bose headphones, CD players, camera, Ereader, Gift Baskets, gift cards, & sooo much more!!
- Raffles and giveaways valued at over \$10,000!!
- **Professionally announced by Terry Bisogno****
- Tech shirts for every runner
- Gift bags for every runner!
- **Post race celebration****
- Brunch-pancakes, pizza, BBQ, bagels and more!
- Live DJ
- Supervised kids play attraction
- Certified courses with chip timing by: Just Finish



10th Annual Mary Napolitano Memorial Festival of Races

5K, 10K &

TEAM VALENTINA'S 1/4 mile Kids Run
New Location, Same Great Event!!!

Sunday September 11th, 2016

8:15 am Kids Run, 9:00 am 5K & 10K

Jackson Elementary School

58 Maytime Dr, Jericho

(registration 7:00 onward)



WE BELIEVE IN MIRACLES!

Race Director: Roxann Romano 917-747-8079

Rr1216@aol.com

www.angelsraces.com

LONG ISLAND TRACK & FIELD 2016



Register online at:

justregister.net/race/nv/Jericho/marynapolitnomemorialfestivalofraces

Please make checks payable to: Angels on the Bay

* Angels On The Bay * Sunday, September 11th, 2016 *

Mail to: Angels on the Bay Festival of Races 66 Route 106, Brookville, NY 11753



Race Entry Fees

- \$25 pre-registration (thru 9/4)
- \$27 (9/5-9/10)
- \$30 on race day
- \$10 children

Angel in Training or Team

Valentina's Angels

Sponsor sheet will be sent once registered, or upon request 917-747-8079

Angel in Training—every runner receives a **high tech shirt**, many extra gifts, commemorative medal, and ****several extra raffle entries****

Special prize for top \$raiser

****Note worthy information****

Mary Napolitano was an Angel's board member and special human being. She volunteered at this race every year, even though she was so sick. Mary passed away on 6/2/11, we have renamed this race in her honor

Valentina Allen was born with hypoplastic left heart syndrome. She fought like a warrior, and although her journey ended way too soon; she touched more lives that most people will touch in a lifetime.

"half the heart, twice the fight...all ANGEL"

Our kids run will forever be in her honor

Proceeds Will Benefit

- ❖ Long Island Jewish Hospital
- Cohen's Children's Hospital
- ❖ Franklin General Hospital
- ❖ St. Mary's Hospital for Children
- ❖ Jamaica Hospital Medical Center Pediatric Unit
- ❖ HeartShare of NY
- ❖ Riverfund
- ❖ SIDS Alliance
- ❖ Children's Hospital of Philadelphia

Directions:

From Northern State Exit 35N or LIE exit 41N-106N/107N, take Rt. 25 E (Jericho Tpke) to Merry lane, turn right on Merry Lane and go straight to the end

First Name _____ Last _____ Athena: Yes ___ No ___ Clydesdale: Yes ___ No ___
 Age on Race date _____ Date of Birth ___/___/___ Phone # _____ Gender: Male ___ Female ___
 Address _____ Town _____ State _____ Zip _____

Regular Runner _____ Angel in Training _____ 5K _____ 10K _____ Kids Run _____ under 13 to be considered a Child

T-Shirt Size (circle one): Youth (S , M , L , XL) Adult (S , M , L , XL) Email: _____

Please complete the entry blank, read the following statement, and sign below. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, successors and assigns, hereby waive and release and hold harmless ANGELS ON THE BAY CHARITY, THE, JUST FINISH INC, JERICHO UFSD, VILLAGE OF BROOKVILLE & MUTTONTOWN, OLD BROOKVILLE PD, THE NASSAU COUNTY POLICE DEPARTMENT, and all event sponsors, and their agents, employees, successors and assigns for any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event, even if such liabilities claims, demands, and causes of action arise in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and that my physical condition has been verified by a licensed medical doctor. If signed by a parent, the parent agrees to release and hold the above named organizations and individuals harmless of any claim and right which might otherwise have been asserted on behalf of the applicant. Further, I hereby grant permission to any and all of the foregoing organizations and individuals to use photographs, videotapes, motion pictures, recordings, and any other record of this event for any purpose whatsoever.

Signature _____ Date _____

If under 18 years old, signature of Parent or Guardian _____ Date _____